

Foster Family Home - Corrective Action Report

Provider ID: 1-512857

Home Name: Asena Moala, CNA

Review ID: 1-512857-4

1929 Wilder Avenue

Reviewer:

Honolulu HI 96822

Begin Date: 8/26/2015

End Date: 9/26/15

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review made on 8/26/15. Corrective Action Report issued during home visit with all items due to CTA by 9/26/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) - No current eCrim for HHM #1.

7.1.(a)(2) - APS/CAN for CG #1, CG #2, CG #3, CG #4, and HHM #1 not done until 5/1/2015. First year APS/CAN done on 4/16/2014.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current BBP certification for CG #2 and CG #3.

Compliance Manager

Primary Care Giver

Date

8/26/15

Date

8/26/15

AM FOSTER HOME
1929 WILDER AVE
HONOLULU, HI 9682
09/26/2015

- 7.7(9)(1) - I have send CTA & Crim for
HTM # 1 on 9/26/2015
- 7.1(9)(2) - I have shown CTA proof of 2nd
year APS/CAN and have reviewed
rules on expiration times on 8/26/15
- 41.6)(8) - I have send CTA current BDP
Certificates for CG#1 + CG#2
on 9/26/2015

I have made a list of all items
with expirations dates (CPR, TB, BDP, APS)
and placed in the front on my CTA binder

Auna Moala 09/26/2015