

Foster Family Home - Corrective Action Report

Provider ID: 1-140074

Home Name: Corazon Tubana, NA

Review ID: 1-140074-2

94-541 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/25/2015

End Date: 12/10/2015

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 11/24/15. Currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 12/24/15.

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),(2) - No second year APS/CAN/FP for all SCG's and HHM's. First year APS/CAN/FP done on 11/1/14.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

Comment:

41.(b)(7) - No current TB clearance for CG #2. Expired 7/25/15.

41.(b)(8) - No current BBP certification for CG #1 and CG #4. Expired 11/15/15.

[Voluntary closed 12/10/2015]

Compliance Manager

Corazon Tubana

Primary Care Giver

Date

11/25/15

11.25.2015

Date