

Foster Family Home - Corrective Action Report

Provider ID: 1-100118

Home Name: Elena Puesta, NA

Review ID: 1-100118-3

98-1678 Laauhuahua Place

Reviewer:

Pearl City HI 96782

Begin Date: 9/21/2015

End Date:

10/6/15

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 9/21/15. Corrective Action Report issued during home visit with all items due to CTA by 10/21/15.

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

CAP completed 10/16/15.

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

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)(2) - Second year (2014) APS/CAN for done until 2015 for CG #1.

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

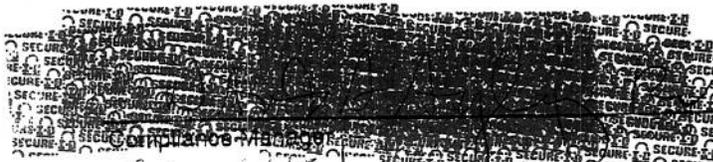
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7) - No current TB clearance for CG #3. Expired 9/19/15.

41.(e) - CG #5 needs a current CNA certificate.



Elena Puesta

Primary Care Giver

9/21/15
Date
9/21/15
Date



10/16/15

7.1.(a)(2) - on 9/21/15, the day of my
reunification I showed CTA my
current APS/CAN for 2015.

41.(b)(7) Sent CTA a current T.B. clearance for
Canguier # 3 on 9/21/15. I had 
T.B clearance already. Doctor sign it
& dated 9/14/15 but just read it like
9/14/12.

41.(e) Sent CTA a current CNA certificate
for CV#  on
10/16/15

Respectfully yours
Elena V Puesta
(PCG) 10/16/15