

### Foster Family Home - Corrective Action Report

Provider ID: 1-140078  
 Home Name: Emil Jr. Novastaras, ONA  
 94-277 Palwa Street  
 Waipehu HI 96797

Review ID: 1-145078-1  
 Reviewer: Joan Scalzone  
 Begin Date: 1/15/2015  
 End Date: 1/19/15

#### Foster Family Home Required Certificate [17-1454-8]

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

Comment:

6.(d)(1) see applicable sections of this review

Home visit made for 2 bed initial certification on 1/15/15. Corrective action report issued during visit with items due to CTA by 2/14/15. CAP satisfied 1/19/15. Eligible for 1 year certificate.

#### 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)(1)(2) HHM #1 missing APS/CAN/FP. → HHM 1 did APS/CAN and Finger print sent to CTA

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(e)(4) SGC Change application required for CG 2.  
 41.(f)(1) Current TB clearance for HHM 1 missing  
 ↓  
 SGC change sent to CTA  
 ↓  
 Current TB clearance result sent to CTA.

I will keep checklist of all requirements with dates to prevent future deficiencies

Joan Scalzone RN MSN  
 Compliance Manager

[Signature]  
 Primary Care Giver

01/15/15  
 Date

3/3/15  
 Date