

Foster Family Home - Corrective Action Report

Provider ID: 4-591843 4-591843

Home Name: Inelda Albano

385 Kalaiki Street

Kahului

HI 96732

Review ID: 4-591843-1

Reviewer:

Begin Date: 11/21/2015

End Date: 12/18/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home visit on 11/21/15 with corrective action report issued during review. Due by 12/21/15. See applicable sections

6.(d)(1)

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.

Comment:

7.1.(a)(1) CG#2 no fingerprints in record during review. CG#3 one set of fingerprints dated 6/23/14 needs second set

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.(a)(2) CG#1,2,3 no proof of credentials. CG#2 no proof of LPN license.

41.(b)(8) CG#2 no proof of Blood born pathogens. CG#3 Blood Born pathogens expired 09/24/15



Compliance Manager

Inelda P. Alcantara
 Primary Care Giver

11/21/15
 Date

11-21-15
 Date

FOSTER FAMILY HOME - Corrective Action Plan

Provide ID: 4-591843

Review ID: 4-591843-1

Home Name: Imelda Albano
386 Kahiki Street
Kahului HI 96732

Reviewer: [Redacted]
Begin Date: 11/21/2015 End Date: [Redacted]

Kahiki Foster Family Home Required Certificate [17-1454-6]
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment: New home visit on 11/21/15 with corrective action report issued during review. Due by 12/21/15. See applicable sections

6.(d)(1) Response: 6.(d)(1) CG#1,2,3 all applicable requirements placed in records.
Preventive Action: I will make sure to check requirements and have them ready before starting, and place in records.

Kahiki 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.

Comment: 7.1.(a)(1) CG#2 no fingerprints in record during review. CG#3 one set of fingerprints dated 6/23/14 needs second set

Response: 7.1.(a)(1) CG#2 fingerprints taken on 06/03/2014 and 12/03/15 and in record.
CG#3 second set of fingerprint taken 06/21/13 and in record

Preventive Action: Will make sure all CG's have fingerprints before starting and be place in record.

Kahiki 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.(a)(2) CG#1,2,3 no proof of credentials. CG#2 no proof of LPN license

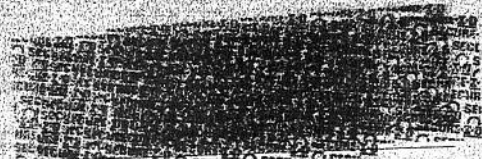
41.(b)(8) CG#2 no proof of Blood borne pathogens. CG#3 Blood borne pathogens expired 09/24/15
Response: 41.(a)(2) CG#1 Nursing assistant state training certification and CNA state certification- Placed in record.

CG#2 Nursing assistant state training certification and CNA state certification- Certification expd : 5/25/2016. Placed in record.

CG#3 Associate degree in Registered nurse and LPN exp date: [Redacted] Placed in Record.

Response: 41.(b)(8) CG#2 Placed in record: Blood borne pathogens expiration 10/15/2016
CG#3 Placed in record: Blood borne pathogens expiration 9/29/2016

Preventive Action: Double check and be sure to have an updated documentation of current trainings and credentials.



Compliance Manager

Date

Imelda Albano

12-10-15

Primary Care Giver

Date