

Foster Family Home - Corrective Action Report

Provider ID: 1-591364

Home Name: Lourdes Bumanglag, CNA

Review ID: 1-591364-3

2423 A Rose Street

Reviewer:

Honolulu HI 96819

Begin Date: 11/12/2015

End Date: 11/23/15

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 11/12/15. Corrective Action Report issued during home visit with all items due to CTA by 12/12/15. PCG requests to increase to a 3 client CCFFH.

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

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

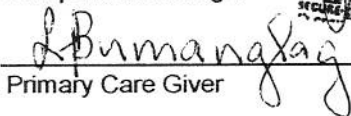
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - Second year APS/CAN not done until 10/29/15 for CG #1 and CG #3 (First year APS/CAN done on 3/7/13). CG #2, CG #4, and CG #5 need current APS/CAN (all done in 2013).



Compliance Manager


Primary Care Giver

11/12/15
Date

11/12/2015
Date

7.1 (a)(2) - Sent CTA current APSI
CAN for CG #2, CG #4 and
CG #5 on 11/23/15. I have
reviewed rules for obtaining
APSI/CAN in the future

I have made a list of the
expiration dates for all
CG's and Household members
for APSI/CAN and placed ⁱⁿ my
CTA binder. I will review
every month.

Lourdes Bumangas
11/23/2015