

Foster Family Home - Corrective Action Report

Provider ID: 1-514986

Home Name: Marcelina Saoit, CNA

Review ID: 1-514986-5

94-585 Pilimai Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/20/2015

End Date: 11/22/15

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 10/20/15. Corrective Action Report issued during home visit with all items due to CTA by 11/20/15.

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) - No second year APS/CAN done for CG #1. Second year APS/CAN not done until 10/19/15 for CG #4 (first year APS/CAN done on 2/17/14).

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

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

Comment:

41.(f)(1) - No current TB clearance for HHM #1.

Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) - CG #1 has only 1 patient, and it's private pay.



Compliance Manager

M. W. W. W.

Primary Care Giver

10/20/15

Date

10/20/15

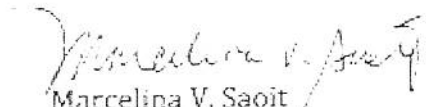
Date

7.1.(a)(2) - Sent CTA current APS/CAN for CG#1 on 10/30/15. Showed CTA second year APS/CAN for CG#4 and reviewed 2 years in a row needs a CTA on the day on my recertification (10/20/15).

41.(f)(1) - Sent CTA current TB for HHM#1 on 10/30/15.

43. (b) - Sent CTA a log of showing my search for a medicaid/medicare patient 10/30/15.

I have made a list of all items with their expiration dates and placed in the front of my binder. I will look at it once a month.


Marcelina V. Saoit
(Caregiver)
11/29/15