

Foster Family Home - Corrective Action Report

Provider ID: 1-633710

Home Name: Margielyn Acierto, RN

Review ID: 1-633710-3

955 Hanau Street

Reviewer:

Wahiawa HI 96786

Begin Date: 11/23/2015

End Date: 11/27/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit on 11/24/15 for recertification of 2 bed home changing to 3 bed. A corrective plan report issued at time of visit with items due by 12/24/15

6.(d)(1) See appropriate sections of this review.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) Documentation showing at least 1 year (1,920 hours) of experience for CG's #2,3, and 4 missing.

Compliance Manager

Primary Care Giver

11/24/15

Date

11/24/15

Date

Foster Family Home - Corrective Action Report

Provider ID: 1-633710
Home Name: Margie Lynn Acierito, RN
955 Hanau Street
Wahiawa HI 96786
Review ID: 1-633710-3
Reviewer:
Begin Date: 11/23/2015 End Date:

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Comment:

41.(3P)(a)(4) Documentation showing at least 1 year (1,920 hours) of experience for CG's #2,3, and 4 missing.

11/26/15

Good morning Sending you our documentation as part of the requirements for our application for a 3 clients home. Kindly see attached.

Thank you in advance.

Margie Acierito PCG

Date