

# Foster Family Home - Corrective Action Report

Provider ID: 1-150080

Home Name: Caroline Batacan, CNA

Review ID: 1-150080-1

94-365 Kahualena St.

Reviewer:

Waipahu HI 96797

Begin Date: 12/31/2015

End Date: 2/2/2016

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

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

Comment:

6 (d)(1) The NEW Home visit made on 12/31/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 1/14/2016.

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

## 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;

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) CG [redacted] and HHM [redacted] consecutive second set of fingerprinting not present.

7.1.(a)(2) CG [redacted] and HHM [redacted] consecutive second set of APS/CAN not present.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(b)(7) CG [redacted] and CG [redacted] have no current TB clearance.

41.(b)(8) CG [redacted] and CG [redacted] have no current BBP

41.(f)(1) HHM [redacted] and HHM [redacted] have no current TB clearance.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

12/31/2015  
\_\_\_\_\_  
Date

12-31-2015  
\_\_\_\_\_  
Date

# Written Plan of Correction

Feb 1 2016

7-1(a)(1) CG [redacted] HHM [redacted] HHM [redacted] now have the second set of Finger Print done on Jan 13 2016.

7-1(a)(2) CG [redacted] HHM [redacted] HHM [redacted] now have the second set of APS/CAN dated 1-13-2016

4-1(b)(7) CG [redacted] CG# [redacted] now have current TB clearance dated 1-6-16 for CG [redacted] for CG# [redacted] dated 1-4-16.

4-1(b)(8) CG [redacted] CG [redacted] completed Blood Borne Pathogen on 1-28-16.

4-1(f)(1) HHM [redacted] HHM [redacted] now have current TB clearance of TST(-) done 1-6-16.

The home used a calendar track all over this document so this will not happen in the future. (Attached with Tax; Finger printing, APS/CAN, PBB, TB Clearance documents)

Feb 1 2016

[redacted]

44 sies kaluakera st. Wai palu HTS 96797