

Foster Family Home - Corrective Action Report

Provider ID: 1-090111

Home Name: Adora Harada, CNA

Review ID: 1-090111-7

2818 Koaniani Way

Reviewer:

Honolulu

HI 96822

Begin Date: 2/5/2016

End Date: 2/26/16

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 2/5/16. Corrective Action Report issued during home visit with all items due to CTA by 3/5/16.

6.(d)(1) - see applicable sections of the 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),(2) - No second year APS/CAN/FP for HHM [REDACTED] (first year done on 5/7/2014).

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.

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

Comment:

41.(b)(8) - No current BBP certification for CG [REDACTED]

41.(f)(1) - No current TB clearance for HHM [REDACTED]

Primary Care Giver

Date

Date

7.1.(a)(1)(2) - Send CIA Current APS/com & finger print for
HHM [redacted] on 2/26/16

7.1.(b)(8) - Send CIA a current BPP Certificate for [redacted]
on 2/26/16.

4.(F)(1) - Send CIA a current TB clearance for HHM
[redacted] on 2/26/16

I have placed all time, with expiration
date (APS) com) FP, TB, CPR, BPP on my iPhone
Calendar. I will review weekly and set up
iPhone reminder.

[redacted]

2/26/16