

Foster Family Home - Corrective Action Report

Provider ID: 1-140034

Home Name: Lucrecia D. Paraon, CNA

Review ID: 1-140034-2

91-1168 Kauiki Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 3/13/2015

End Date: 4/12/15

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 1 person recertification review made on 3/13/15.
Corrective Action Report issued during home visit with all items due to CTA by 4/13/15.

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 APS/CAN/Fingerprints for HHM [redacted] and [redacted]

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) - No TB clearance for CG [redacted]

41.(b)(8) - No CPR, First Aid, and BBP certification for CG [redacted]

41.(f)(1) - No TB clearance for HHM [redacted] and [redacted]

Compliance Manager

Primary Care Giver

3/13/15
Date

3/13/15
Date

Lucrecia D. Parson
91-1168 Kawiiki St.
Ewa Beach, HI 96706
Fax:

7.1(a)(1), (2) - send CTA APS/CAN/Fingerprint
For HAM [redacted] to CTA
on 4/12/15.

- 41.(b)(7) - send all TB clearance &
- 41.(b)(8) - CPR, First aid, and BBP to CTA
- 41.(f)(1) - on 4/12/15.

I will place all items with
expiration date on my calendar.

sign: [redacted]
4/12/15