

Foster Family Home - Corrective Action Report

Provider ID: 2-150025

Home Name: Marissa Gaspar, CNA

Review ID: 2-150025-1

81-916 Manawa St

Reviewer:

Kealakekua HI 96750

Begin Date: 5/14/2015

End Date:

5/27/15

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

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

Comment:

Home visit made on 5/14/2015 to survey for certification. Home not in compliance on day of review. Out of compliance items:

41.f.1 TB clearance for AHHM not in binder.

7.1.a.1 Fieldprint background check not present for AHHM.

PCG to submit documentation for above deficiencies to CTA within 30 days of this survey. All documentation received within 30 days of survey. Home will be certified for two clients for one year.

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;

Comment:

7.1.a.1 Fieldprint background check not present for AHHM.

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 TB clearance for AHHM not in binder.

Compliance Manager

Date

Primary Care Giver

Date

ATTN:

May 14, 2015

My home was surveyed today, and I had these deficiency. 1) 41.f.1 TB clearance for AHHM. 2) 7.1.a.1 background check, APS, CAN fingerprints for AHHM.

1) We thought [REDACTED] TB card was good.

2) I didn't know that [REDACTED] needed this.

I will keep this for not happening again

by. 1) I will keep a list and review each month.

2) I will do the same thing as # 1.

I will review and learn the HAR.

[REDACTED]
Marissa Gaspar