

Foster Family Home - Corrective Action Report

Provider ID: 1-618952

Home Name: Myrna Bahou, CNA

Review ID: 1-618952-6

91-1072 Kaunolu Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/11/2016

End Date: 2/12/16

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 3 person recertification review made on 2/12/16. Corrective Action Report issued during home visit with all items due to CTA by 3/12/16.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

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)(2) - Second year APS/CAN not done until 1/10/15 (first year APS/CAN done on 2/5/13).

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

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

Comment:

41.(b)(7) - No current TB clearance for CG [REDACTED]

Compliance Manager

Primary Care Giver

Date

Date

2/11/16

7-1-(a)(2) - Showed CTA current APS/CAN for CG [REDACTED] on the day of my re-certification.

41-(b)(7) - Send CTA a current TB clearance for CG [REDACTED] on 02/11/16.

I have placed all items that have expiration dates on my computer calendar. I will review monthly

[REDACTED]

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02/12/16