

Foster Family Home - Corrective Action Report

Provider ID: 1-627424

Home Name: Alicia Abendanio, CNA

Review ID: 1-627424-4

94-606 Palai Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/20/2016

End Date: 3/17/16

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 [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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) - No current APS/CAN for CG [REDACTED], HHM [REDACTED], [REDACTED]

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

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

Comment:

41.(b)(4) - No disclosure form present for CG [REDACTED] and CG [REDACTED]

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

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) - No current Liability Insurance.




PLAN OF CORRECTION

7.1(a)(2) I sent to CTA the current APS/CAN for Pcg, Cg [REDACTED], Cg [REDACTED]
HHM [REDACTED] I will utilize a calendar to
track when personnel requirements are due to prevent from expiring in the
future.

41.(b)(4) I sent to CTA the current disclosure forms for Cg [REDACTED] and Cg [REDACTED]
[REDACTED]

41.(f)(1) I sent to CTA a current TB clearance for HHM [REDACTED].

49.(9)(1) I sent to CTA a current liability insurance form [REDACTED]

I flag all the required items in my binder and their expiration dates so that it
is easier for me to see when I review my binder every month.

