## Foster Family Home - Corrective Action Report 1-563199 Provider ID: Review ID: 1-563199-3 Carolyn Duquez, CNA Home Name: Reviewer: 94-940 Kuhaulua Street 6/15/16 End Date: Begin Date: 4/22/2016 96797 HI Waipahu [17-1454-6] **Required Certificate** Foster Family Home Comply with all applicable requirements in this chapter; and 6.(d)(1) Comment: for 3 client CCFFH. Corrective action report issued during review and due to CTA Recertification visit See applicable sections 6.(d)(1) **Background Checks** [17-1454-7.1] Foster Family Home Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and 7.1.(a)(2) Comment: To be in compliance APS/ CAN should , and HHM last APS/CAN on record 7.1.(a)(2) CG CG HHM To be in compliance APS/ CAN should CG last APS/CAN on record is have been completed HHM no APS/CAN on record. All CG's need APS/CAN two years in a row and then have been completed every other year to be in compliance. [17-1454-41] Personnel and Staffing **Foster Family Home** Have a current tuberculosis clearance that meets department of health guidelines; and 41.(b)(7) Tuberculosis clearances that meet department of health guidelines; and 41.(f)(1)

utilizing signs and symptoms checker for T.B test. No proof of positive PPD or CXR on record.

41.(f)(1) HHM No proof of positive PPD on record. Utilizing signs and symptom checker for T.B test.

Comment:

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