

# Foster Family Home - Corrective Action Report

Provider ID: 4-000016

Home Name: Clariza Rabanes, CNA

Review ID: 4-000016-1

185 Ani Street

Reviewer:

Kahului HI 96732

Begin Date: 4/19/2016

End Date: 6/1/16

## 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 new home certification review made on 4/19/16. Corrective Action Report issued during home visit with all items due to CTA by 5/19/16.

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)(1),(2) - All CG's and HHM's need current fingerprints. All HHM's need current APS/CAN.

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

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)(8) - CG #1 and CG #2 need current CPR and First Aid certification.

41.(f)(1) - All HHM's need a current TB clearance.

Compliance Manager



Primary Care Giver

Date



Date

7.1.(a)(1)(2) - Sent CTA current fingerprints for all CG's & HHM's and current APS/CAN for all HHM's on 5/31/16

41.(b)(8) - sent CTA current CPR and First Aid certificates for CG # 1 and CG # 2 on 5/09/16

41.(f)(1) - sent CTA current T.B clearances for all HHM's on 5/9/16

I have placed all items with expiration dates on my computer calendar and I will review every month.

