

Foster Family Home - Corrective Action Report

Provider ID: 1-633637

Home Name: Eufrocina Mendoza, CNA

Review ID: 1-633637-4

1936 Waikaha Place

Reviewer:

Honolulu

HI 96819

Begin Date: 2/11/2015

End Date:

4/8/15

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

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

Comment:

6.(d)(1)
Review for recertification. Deficiencies are listed in separate sections. CAP written with all items due [REDACTED] All items submitted [REDACTED]

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)
CM to check on [REDACTED] APS/CAN results [REDACTED] for PCG. [REDACTED] Needs one more APS/CAN.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)
SCG [REDACTED] [REDACTED] does not have a current TB screening or test in file.

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Eufrocina Mendoza

DEFICIENCY:

17-1454-6

How did you correct this deficiency?

I print the required certificate and sign it.

How will you avoid committing this deficiency in the future?

Make sure that everything is ready for check.

DEFICIENCY:

17-1454-1

How did you correct this deficiency?

CM to check on [REDACTED] APS/CAN for PCG result.

How will you avoid committing this deficiency in the future?

Not to miss place and be organize.

DEFICIENCY:

17-1454-11

How did you correct this deficiency?

Called my substitutes [REDACTED] to bring their recent TB clearance.

How will you avoid committing this deficiency in the future?

Must be ready before the visit.