

Foster Family Home - Corrective Action Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

Review ID: 1-160027-1

94-823 Lumikuke Lp

Reviewer:

Waipahu

HI 96797

Begin Date: 5/6/2016

End Date: 5/17/16

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

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

Comment:

Home visit [REDACTED] for initial certification of 2 bed home. A corrective action report was issued at time of review with correction action plan and documents due [REDACTED]
6.(d)(1) Refer to appropriate sections of this review.

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.

Comment:

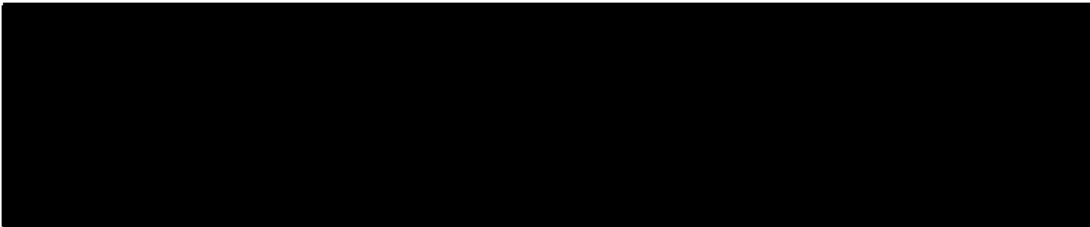
41.b (8) First aid documentation missing for CG #1 and #3

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a) Missing records showing adequate resources.



17-1454-43 41-b (8)
First Aid documentation missing for CG #1 & #3

The compliance Manager came to visit
the Home [REDACTED]. The care givers
#1 and #3, first aid documentation is
Missing. The care givers were performed the
first aid [REDACTED].

It is on file in the Home personal record.
The Home will utilize a computer program to track
when personal requirements are due to prevent
any requirements from expiring in the future.
[REDACTED]

Note by compliance mgr.
Records were produced for CTA
[REDACTED]

17-1454-47 49.1(a)

Missing records showing adequate resources
= current Bank Statement =

The current Bank Statement could not locate copies. The home will maintain all receipts and an accurate accounting of all client funds received and spent using the account records. The account records will be maintained in Client records using standard accounting principles.