

Foster Family Home - Corrective Action Report

Provider ID: 1-090049

Home Name: Jesus Garcia, CNA

Review ID: 1-090049-6

1058 Uiuwaie Street

Reviewer:

Wahiawa HI 96786

Begin Date: 3/29/2016

End Date: 4/5/16

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 3 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 Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

Comment:

41.(b)(7), 41.(f)(1) - No current TB clearance for CG #1 and HHM #1.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - needs to be typed on the MAR for client #2.

41.(b)(7) SEND CTA A CURRENT TB CLEARANCE
[REDACTED] FOR CG#1 AND HAM#1

52(c)(5) SEND CTA AN UPDATE MAR FOR CLIENT
#2 [REDACTED]

I HAVE MADE A LIST OF ALL ITEMS
(CPR, TB, APS/CAN) WITH EXPIRATION
DATES AND PLACED IN THE FRONT OF
MY CTA BINDER AND WILL CHECK
MONTHLY. I WILL MAKE SURE ALL NEW
MEDICATION ARE UPDATED ON THE
CLIENTS MAR BY THE CNA EVERY
MONTH.

[REDACTED]