

Foster Family Home - Corrective Action Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

Review ID: 1-150042-2

91-1022 Laulauna St. #5B

Reviewer:

Ewa Beach HI 96706

Begin Date: 6/14/2016

End Date: 6/17/16

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

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

Comment:

Home visit for a 1 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 Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - No current APS/CAN and Fingerprints for CG #3.

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

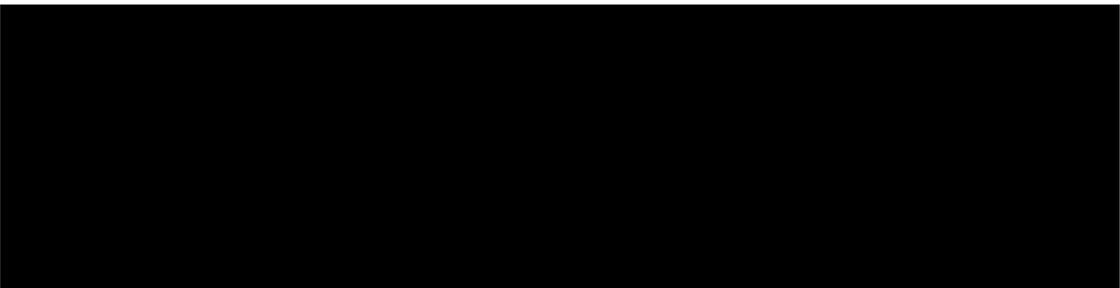
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) - No current TB clearance for CG #1.

41.(c) No in-service training present for CG #3.



PLAN OF CORRECTION

[REDACTED]

7.1 (a)(1), (2) – I sent CTA a current APS/CAN and Fingerprint for CG #3 [REDACTED]

41. (b)(7) - I sent CTA a current TB clearance for CG #1 [REDACTED]

41. © - I sent CTA 8 hours of In-Service Training for CG #3 [REDACTED]

I have placed all documents with expiration dates (TB, CPR, APS/CAN ...) on my calendar.

I will review monthly.

[REDACTED]