

Foster Family Home - Corrective Action Report

Provider ID: 1-100126

Home Name: Ninan Barnes, CNA

Review ID: 1-100126-2

3846 Noeau St

Reviewer:

Honolulu HI 96816

Begin Date: 4/13/2016

End Date: 5/5/16

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 2 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 second year APS/CAN/FP for CG #3.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

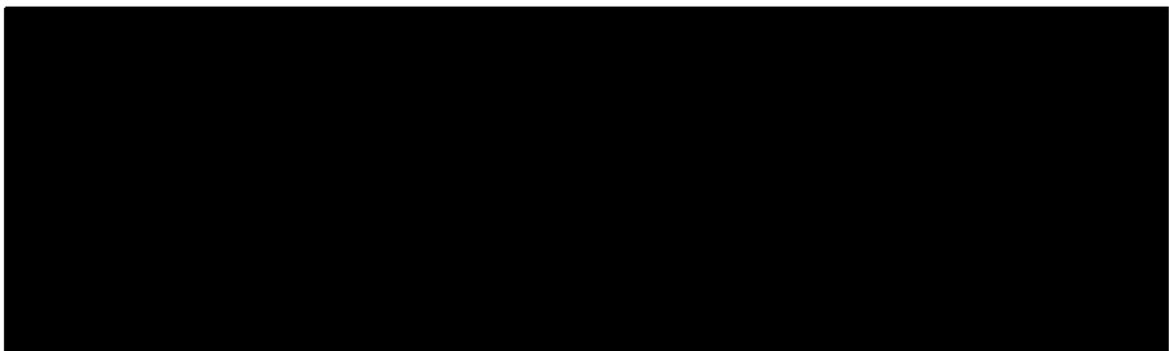
48.1.(a) - Emergency Preparedness Plan not signed by all CG's.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5)- Client #2 needs to have [REDACTED] added to the MAR.



Community Ties of America, Inc

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Kaneohe, HI 96744

[REDACTED]

7.1. (a)(1) & (2) - Sent CTA current APS/CAN and fingerprints for CG #3 [REDACTED]

48.1. (a) - Sent CTA an EPP signal by all CG's [REDACTED]

52.(c) (5) - Sent CTA an updated MAR for client #2 with the new

I have placed all items with expiration date on my iPhone calendar and will review monthly. I will have all new CG's read and sign the EPP. I now understand the HAR rule. I will check the MAR's for all the clients every month to make sure they are correct.

[REDACTED]