

Foster Family Home - Corrective Action Report

Provider ID: 1-160013

Home Name: Noreen Montijo

Review ID: 1-160013-1

94-883 Kalaiaha Place

Reviewer:

Waipahu HI 96797

Begin Date: 3/16/2016

End Date: 3/29/2016

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

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

Comment:

6 (d)(1) The NEW Home visit [REDACTED] for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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) HHM#1, #2, #3, and #4 Fingerprinting not present in the home.

7.1.(a)(2) HHM#1, #2, #3, and #4 APS and CAN not present in the home.

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) CG#1 CPR, First Aid, and BBP not present.

Written plan of correction

The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFHs allegations of compliance such that all alleged deficiencies cited have been corrected by the dates indicated.

7.1.(a)(1)

Household member #1 now have fingerprint completed

Household member #2 now have fingerprint completed

Household member #3 now have fingerprint completed

Household member #4 now have fingerprint complete

7.1.(a)(2)

Household member #1 APS & CAN results are green light determination

Household member #2 APS & CAN results are green light determination

Household member #3 APS & CAN results are green light determination

Household member #4 APS & CAN results are green light determination

41.(b)(8)

Caregiver CPR issued, FIRST AID issued
BBP issued updated.

A written plan of correction has been made by me the caregiver. There will be a log and a calendar to keep track of all deficiencies to prevent re-occurring in the future.

Signed:

[Redacted signature]