

Foster Family Home - Corrective Action Report

Provider ID: 1-100030

Home Name: Resurreccion Buan, CNA

Review ID: 1-100030-7

94-900 Kumuao St.

Reviewer:

Waipahu HI 96797

Begin Date: 3/31/2016

End Date:

4/22/16

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 recertification of 2 bed home changing to 3 bed home. A corrective action report was issued at time of review. All deficiencies to be cleared [REDACTED]

6.(d)(1) Refer to appropriate sections of this report.

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

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

Comment:

41.(f)(1) Missing current TB clearance documentation for HHM's 1,2,3,4. Expired [REDACTED] for #1 and expired [REDACTED] for #2,3, and 4.

[17-1454-45] (3P)

45.(3P)(b)(1)

45.(3P)(d) All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of

Comment:

45.(3P)(b)(1) No record of current

45.(3P)(d) No record c for SCG's 2,3,4,5.

Resurreccion Buan
94-900 Kumuaao Street
Waipahu, HI 96797
April 22, 2016

Corrective Action Plan

41.(f)(1) PCG received a current TB clearance for HHM #1, 2, 3, and 4.
The home will utilize a computer program to track when the home's personnel requirements are due to prevent any requirement from expiring in the future.

[Redacted]

45.(3P)(b)(1)

[Redacted]

45.(3P)(d)

PCG trained 2 SCGs and 2 HHMs present [Redacted]
All employees and adult household members in the home will be trained to implement appropriate procedures [Redacted]
PCG will put copy of [Redacted] in the home's file.

[Redacted]