## Foster Family Home - Corrective Action Report 1-150009 Provider ID: 1-150009-2 Victor Jr. Laforteza, CNA Review ID: Home Name: Reviewer: 1061 Ilima Drive End Date: 3/29/2016 3/4/2016 Begin Date: 96817 Honolulu [17-1454-6] **Required Certificate** Foster Family Home Comply with all applicable requirements in this chapter; and 6.(d)(1) Comment: for a 2-bed recertification. Corrective action report issued during home visit with 6 (d)(1) Home visit corrective action plan due to CTA 6 (d)(1) see applicable sections of this review. [17-1454-7.1] **Background Checks** Foster Family Home Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 7.1.(a)(1) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and 7.1.(a)(2) Comment: and second sets of fingerprinting not present in the home. 7.1.(a)(1) CG#1 and CG#2 Fingerprinting done with about 2 months laps but renewed 7.1.(a)(2) CG#1 and CG#2 APS/CAN expired [17-1454-41] Personnel and Staffing Foster Family Home Have a current tuberculosis clearance that meets department of health guidelines; and 41.(b)(7) Have documentation of current training in blood bome pathogen and infection control, cardiopulmonary 41.(b)(8) resuscitation, and basic first aid. Comment and no current TB clearance present. CG#4 TB screening expired 41.(b)(7)CG#3 TB clearance expired and no current TB clearance present. 41.(b)(8)CG#4 BBP not present in the home. [17-1454-45] **Fire Safety** Foster Family Home All caregivers have been trained to implement appropriate emergency procedures in the event of a fire. 45.(b)(2) Comment: 45.(b)(2) Only CG#1 conducted the fire drill.

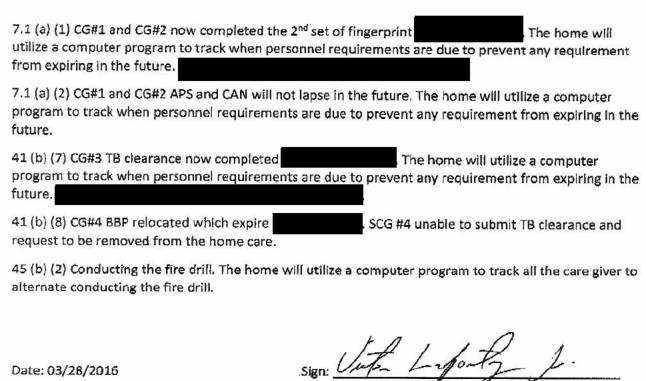
Compliance Manager
Vieta L.A.A.

Date /

3/4/2016 15:08 PM

## Written Plan of Correction

Date: March 28, 2016



Date: 03/28/2016

1061 Illma Dr.

Honolulu, HI 96817