

Foster Family Home - Corrective Action Report

Provider ID: 4-150078

Home Name: Christina Kealoha, CNA

Review ID: 4-150078-1

119 Anamuli St.

Reviewer:

Kahului HI 96732

Begin Date: 12/15/2015

End Date: 2/4/16

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 new home certification review made on 12/15/15. Corrective Action Report issued during home visit with all items due to CTA by 1/15/16.

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 first year APS/CAN/FP for HHM #1.

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.

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

Comment:

41.(b)(8) - CG #1 needs current BBP certification.

41.(f)(1) - HHM #1 needs a current TB clearance.

Voluntarily closed during survey

Compliance Manager

Primary Care Giver

12/15/15
Date

12/15/15
Date