

Foster Family Home - Corrective Action Report

Provider ID: 1-140017

Home Name: Juliet Piano, CNA

Review ID: 1-140017-2

60 Lauone Loop

Reviewer:

Wahiawa HI 96786

Begin Date: 1/20/2015

End Date: 3/25/15

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 made on 1/20/15.
Corrective Action Report issued during home visit with all items due to CTA by 2/20/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

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)(2) - CG #2 needs 2nd year APS/CAN.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - CG #2 and CG #3 need current TB clearance.

Voluntarily closed during survey

Compliance Manager

Juliet P. Piano

Primary Care Giver

1/20/15

Date

1/20/15

Date