

Foster Family Home - Corrective Action Report

Provider ID: 1-513334

Home Name: Magdalena Banda, CNA

Review ID: 1-513334-3

92-669 Palailai Street

Reviewer:

Kapolei HI 96707

Begin Date: 8/2/2016

End Date: 8/2/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 8/2/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/2/2016.

6 (d)(1) see applicable sections of this 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 Adult Protective Services, Child, Abuse, Neglect (APS/CAN) checks expired on [REDACTED] but renewed on [REDACTED] with about 5 weeks lapse.

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#1 TB clearance done on [REDACTED] was expired on [REDACTED] but renewed on [REDACTED] with about 4 months lapse. CG#2 TB clearance done on [REDACTED] was expired on [REDACTED] but renewed on [REDACTED] with about 4 months lapse. CG#3 TB clearance done on [REDACTED] was expired on [REDACTED] but renewed on [REDACTED] with about 4 days lapse.

Compliance Manager

M. Banda
Primary Care Giver

Date

8/2/16
Date

Written Plan of Correction:
August 22, 2016

7.1.(a)(2)

CG #2 will not lapse for APS/CAN again in the future. The home will use reminder notes for all requirements to prevent from expiring again.

41.(b)(7)

CG #1, #2, and #3 will not lapse TB clearance in the future because the home will use reminder note for all requirements to prevent from expiring again.

Mbanda
92-669 Palailai St.
Kapolei, HI 96707
