

Foster Family Home - Corrective Action Report

Provider ID: 1-140020

Home Name: Mylene U. Mabalio, CNA

Review ID: 1-140020-2

3076 Nihi Street

Reviewer:

Honolulu HI 96819

Begin Date: 2/4/2015

End Date:

4/14/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.(d)(1)
Review for recertification. Deficiencies listed in each section. CAP issued with closing date of 3/4/15.

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 fingerprints or APS/CAN for HHM1, HHM 2 or HHM 3.

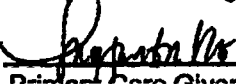
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(7)
No current TB test results for HHM 1, HHM 2, HHM 3.

Compliance Manager



Date

3.24.15

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Mylene Ulep Maballo

DATE: 3/24/15

DEFICIENCY: 7.1.(a)(1), 7.1.(a)(2)

How did you correct this deficiency?

HHM1, HHM2 & HHM3 had their Fingerprints (APS/CAN)

How will you avoid committing this deficiency in the future?

I will make sure all documents are up to date and check time to time.

DEFICIENCY:

41 (b)(7)

How did you correct this deficiency?

HHM1, HHM2 & HHM3 had their TB test done

How will you avoid committing this deficiency in the future?

I will continue to make sure to have TB test done on a yearly basis.

DEFICIENCY:

How did you correct this deficiency?

How will you avoid committing this deficiency in the future?