

Foster Family Home - Corrective Action Report

Provider ID: 1-560293

Home Name: Thelma Maglines, CNA

Review ID: 1-560294-3

94-1192 Hina Street

Reviewer:

Waipahu

HI 96797

Begin Date: 9/1/2016

End Date: 9/6/2016

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 9/1/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/1/2016.

6 (d)(1) see applicable sections of this 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;

Comment:

7.1.(a)(1) All CGs and HHMs eCrim expired on 10/4/15 but renewed 10/31/15 with about 3 weeks.

Foster Family Home

Personnel and Staffing

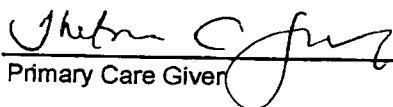
[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG#2 Blood borne pathogen expired on 1/12/16 but renewed on 2/6/16 with about one month lapse.

Compliance Manager



Primary Care Giver

Date

9/1/2016

Date

Thelma Maglines

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Written Plan of Correction

September 2, 2016

7.1.(a)(1) All CCGs and HHMs will not lapse in eCrim in the future because the home now uses a tracking log for all requirements before due date.

41.(b)(8) CG#2 will not lapse in Blood Borne Pathogen certification in the future because the home now uses a tracking log of all requirements before due date.

Date: Sept. 2, 2016

Thelma C. Maglines

THELMA C. MAGLINES - PCG

94-1192 Hina Street

Waipahu, Hawaii 96797