

Foster Family Home - Corrective Action Report

Provider ID: 1-515306

Home Name: Belysilda Clelo, CNA
91-1148 Garton Street
Ewa Beach HI 96706

Review ID: 1-515306-4

Reviewer:

Begin Date: 10/4/2016

End Date: 10/6/16

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 10/4/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/4/2016.

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#3 Adult Protective Services and Child-Abuse-Neglect (APS/CAN) expired on 4/19/16 but renewed on 5/17/16 with about one month lapse.

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

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

Comment:

41.(f)(1) HHM#2 No current TB clearance present in the home.

Compliance Manager

Belysilda Clelo

Primary Care Giver

Date

10/4/16

Date

Written Plan of Correction

10-05-2016

7.1(a)(2) CG #3 APS/CAN will not lapse in the future.

The home will make a reminder list posted on my ~~self~~ refrigerator door so this will not happen again in the future and to prevent the requirement for overdue.

41(F)(1) Household #2 completed T.B. Clearance attached. This will not happen again in the future because the home now use a reminder list for all requirement for all SCC and household member before due date.
TB clearance received - 82

Oct. 05, 2016

Polytipda P. Cui

91148 Gorton St.

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