

Foster Family Home - Corrective Action Report

Provider ID: 1-561317

Home Name: Eduardo Duquez, CNA

Review ID: 1-561317-3

91-1035 Kaiakua Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 9/12/2016

End Date: 9/21/2016

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 9/12/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/12/2016.

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#1, CG#2, and CG#3 current Adult Protective Services, Child-Abuse-Neglect (APS/CAN) checks not present in the home.

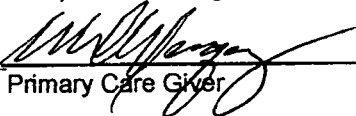
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(7) CG#1 TB clearance last done on 8/7/15 and renewed on 9/8/16 with about one year lapse. CG#2 and CG#3 current TB clearance not present.

Compliance Manager



Primary Care Giver

Date

9/12/16

Date

WRITTEN PLAN OF CORRECTION

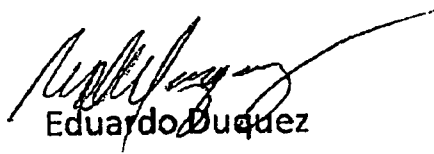
DATE: 9-21-16

7.1 (a)(2) CG#1 , CG#2 and CG#3 completed APS/CAN on 9/12/16. To prevent this not to happen again in the future, the home now uses computer program reminder for all requirements before due date.

41 (b)(7) CG#1 will not lapse in T.B. clearance in the future again. CG#2 completed TB clearance on Sept 15, 2016. CG#3 on Sept 14, 2016. The home has a computer program for reminders for all requirements before expiration dates.

(Attached APS/CAN, TB clearance)

Date: 9-21-16


Eduardo Duquez

91-1035 Kaiakua Street Ewa beach Hawaii 96706
