

Foster Family Home - Corrective Action Report

Provider ID: 1-563222

Home Name: Edward Baniqued, CNA

Review ID: 1-563222-4

91-803 Aiami Place

Reviewer:

Ewa Beach

HI 96706

Begin Date: 10/3/2016

End Date:

10/6/2016

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

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 and CG#2 Adult Protective Service and Child-Abuse-Neglect checks expired on 6/24/16 but renewed on 7/18/16 with about 1 months lapse.

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#3 CPR and First Aid training expired on 9/24/15 but renewed on 10/11/2015 with about 2 weeks lapse.

Compliance Manager



Primary Care Giver

Date

10/3/16

Date

WRITTEN PLAN OF CORRECTION

10/4/16 7.1(A)(1) CG #1 & #2

APP/CAN ~~DO NOT~~ WILL NOT LAPSE AGAIN
IN THE FUTURE.

41(B)(8) CG #3 CPR & FIRST
AID WILL NOT LAPSE
AGAIN IN THE FUTURE.

TO PREVENT THE ABOVE FROM LAPSING,
THE HOME NOW USES THE I PHONE
CALENDAR TO TRACK ALL
REQUIREMENTS FROM EXPIRING
BEFORE DUE DATE.

10/4/16 EWA Beach

91-803 AIMP PL.

EWA BEACH HI - 96706