

# Foster Family Home - Corrective Action Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

Review ID: 1-510223-4

1522 Gulick Avenue

Reviewer:

Honolulu

HI 96819

Begin Date: 10/5/2016

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 10/5/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/5/2016.

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#2 Adult Protective Services an Child-Abuse-Neglect (APS/CAN) expired on 10/15/15 but 11/12/15 with about One month.

## 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, CG#2, & CG#3 Blood Borne Pathogen (BBP) training expired on 3/29/16 but renewed on 9/4/16 about 5 months lapse.

Compliance Manager

*Teresa Mateo*

Primary Care Giver

Date

*10-5-16*

Date

• Written Plan of Correction

10/6/16

7.1 (a) (2)

CG #2 APS/CAN will not lapse in the future. The home will now has a reminder list for all requirements before due dates to prevent the from happening again in the future.

• 41. (b) (8) CG #1, CG #2 and CG #3 will not lapse in BBP in the ~~past~~ future again because the home uses the same method above by a reminder list for all requirements before due dates.

10/6/16

Sign: Jd Mateo  
address: 1522 Gulick Ave.  
Honolulu, HI-96819