

Foster Family Home - Corrective Action Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

Review ID: 5-130029-6

2900 Kanani Street

Reviewer:

Lihue HI 96766

Begin Date: 10/13/2016

End Date: 10/19/2016

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 10/13/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/13/2016.

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;

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)(1) CG#4 No fingerprinting present in the home.

7.1.(a)(2) CG#1 lapsed on Adult Protective Services and Child-Abuse- Neglect (APS/CAN) due on/before 7/8/16 but done on 10/3/16. CG#2 lapsed Adult Protective Services and Child-Abuse- Neglect (APS/CAN) due on/before 6/25/16 but done on 10/3/16.

Foster Family Home Personnel and Staffing

[17-1454.41]

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

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

Comment:

41.(b)(7) CG#4 Lapsed on TB Clearance: due on/before 11/17/15 but done on 10/5/16.

41.(b)(8) CG#4 Lapsed on CPR and First Aid: due on/before 2/20/15 but done on 3/29/15. CG#1 & #2 Lapsed on Blood Borne Pathogen: due on/before 7/17/16 but renewed on 8/11/16.

Compliance Manager

Imelda Yadao
Primary Care Giver

Date

10-13-16

Date

Oct 17 16 03:57p

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Writtten Plan of Correction

October 15,2016

7.1 (a) (1) now completed the fingerprinting of CG#4 on October 14, 2016. This will not happen again in the future because the home will keep the finger printing result in binder at all times.

7.1 (a) (2) CG #1 and 2 will not lapsed again in the future for APS scan.

41.(b) (7) CG#4 will not lapsed again in the future for TB clearance.

41. (b) (8) CG#4 Will not lapsed CPR and first aid. CG #1 and 2 will not lapsed in Blood Borne Pathogen.

All of the above will not lapse again in the future because the home is now going to use the Iphone calendar to track all the above requirements before the due date.

Date: 10-15-16

Sign: *Smelda Yadas*

Home Address:

2900 Kanani St. Lihue

Kauai Hawaii 96766