

Foster Family Home - Corrective Action Report

Provider ID: 1-140068

Home Name: Beth C. Peralta, CNA

Review ID: 1-140068-3

94-466 Hene Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/23/2016

End Date: 9/9/2016

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 8/23/2016 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/23/2016.

6 (d)(1) see applicable sections of this review.

Foster Family Home - Background Checks [17-1454-6]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) CG#2 Second set of fingerprinting not present in the home.

Foster Family Home - Personnel and Staffing [17-1454-6]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3) CG#2, CG#3, and CG#4 completed job or home experience form not present in the home.

Compliance Manager

Beth C. Peralta

Primary Care Giver

Date

8/23/2016

Date

09/09/2016

Written Plan of Correction

7.1.(a)(1) CG#2 Second set of Fingerprint was re-located dated 10/15/2015 and place in home binder permanently (please see attached copy)

41.(a)(3) CG#2, CG#3, CG#4 Completed the Job Experience Form and filed in Home binder permanently.

The Home will make sure to Keep Home Binder orderly and up to date for all documents in compliance with the State Regulations. Kept Log of Dates for all Certifications and TB clearances and also to use updated and proper forms needed.

Date: 9/9/2016



Beth C. Peralta
94-466 Hene St.
Waipahu, HI 96797