

Foster Family Home - Corrective Action Report

Provider ID: 1-120067

Home Name: Brenda Duldulao, CNA

Review ID: 1-120067-7

91-1727 Kiko'o Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 8/11/2016

End Date: 9/8/16

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/11/16. Corrective Action Report issued during home visit with all items due to CTA by 9/11/16.

6.(d)(1) - see applicable sections of the 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) - Second year APS/CAN not done until 2016 (first APS/CAN done in 2013)for CG #1.


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) - No current TB clearance for CG #3.

Compliance manager



Primary Care Giver

Date

08-11-16

Date

CCFFH Corrective Action Compliance

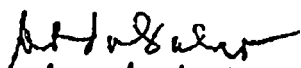
Date of Review : 8/11/16

Date all items are due to CTA : 9/11/16

1.1(a)(2) - I showed CTA a current APS/CAN on the day of my recertification (8/11/16)

41. (b)(7) I sent CTA a current TB Clearance for CG #3 on 9/8/16

I have listed all items & expiration dates (TB, APS/CAN) on a list and placed in the front of my CTA Binder which I will review every month.


Brenda Lee B. Duldulles 9/8/16