

# Foster Family Home - Corrective Action Report

Provider ID: 1-582248

Home Name: Ma Loumalee Asuncion, CNA

Review ID: 1-582248-4

98-544 Kaamilo Street

Reviewer:

Aiea

HI 96701

Begin Date: 9/8/2016

End Date: 9/9/16

## 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 9/8/16 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/8/2016.

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;

Comment:

7.1.(a)(1) CG#3 and HHM#3 eCrim expired on 3/15/2016 but renewed on 3/22/16 with about one week lapse. HHM#4 eCrim expired on 3/15/2016 but renewed on 3/19/16 with about 4 days 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#1 and CG#5 CPR and First Aid expired on 2/1/15 but renewed on 2/14/15 with about 2 weeks lapse. CG#3 First Aid expired on 2/1/15 but renewed on 2/3/15 with about 2 days lapse.

Compliance Manager

Primary Care Giver

Date

Date

7-8-2016

# Written Plan of Correction

September 9, 2016

7.1(2) ~~CG#3~~ and HHM#3<sup>ecum</sup> will not lapse in the future again. The home will use a special calendar to keep track of all requirements before it expires.

42.(b)(8) CG#1 and CG#3 and CG#5 CPR and first aid will not lapse again in the future. The home will use a special calendar to keep track of all requirements before it expires.

Date: 9-8-2016

Insurance  
98-544 Kaamilo St.  
Aiea, HI 96701