

Foster Family Home - Corrective Action Report

Provider ID: 1-635336

Home Name: Maria Peretz, CNA

Review ID: 1-635336-5

91-1124 Kaimalie Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/9/2016

End Date: 8/19/16

Foster Family Home - Required Certificate

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

Comment:

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

6.(d)(1) - see applicable sections of the review

Foster Family Home - Background Checks

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 848-2.7, 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),(2) - Second year APS/CAN and fingerprints not done in 2015 (done on 2/4/16) for CG #3.

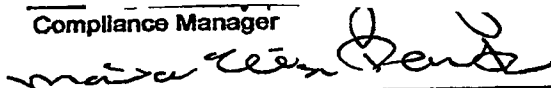
Foster Family Home - Personnel and Staffing

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, CG #4, and CG #5.

Compliance Manager



Primary Care Giver

Date

8/9/16

Date

8/9/16

August 15, 2016

To Whom It May Concern,

7.1.(a) (1) & (2) I showed CTA a current APS/CAN and Fingerprint for CG # 3 on the of my recertification (8/9/16).

41. (b) (7) - I sent to CTA the current TB clearances for my CG # 3 , CG # 4 and CG #5 8/15/16 .

I have place all the items with the expiration dates of the following (TB , APS/CAN ,CPR and Bloodborne) on my computer calendar and review every month . I now understand the rules about having APS/CAN and Fingerprint done 2 years in a row when CG is new.

Sincerely,


Maria Elisa Peretz