

Foster Family Home - Corrective Action Report

Provider ID: 3-594623

Home Name: Venancio Blanco, CNA

Review ID: 3-594623-3

95-1187 Kukui Road

Reviewer:

Na'alehu

HI 96772

Begin Date: 5/12/2016

End Date:

5/12/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 6/12/16.

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:

No ecrim for cg1,2,3 or hhm. *OK Red during survey!*

3-Person Staffing 3-Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

No current CNA license in binder for cg # 2 or 3. *OK Received during survey*

Compliance Manager

Venancio F. Blanco

Primary Care Giver

5/12/16
Date

5-12-16
Date