

Foster Family Home - Corrective Action Report

Provider ID: 1-569949

Home Name: Patricia Nicolas, CNA

Review ID: 1-569949-4

2008 Kealoha Street

Reviewer:

Honolulu HI 96819

Begin Date: 11/28/2016

End Date: 12/23/16

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 11/28/16. Corrective Action Report issued during home visit with all items due to CTA by 12/28/16.

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) - No current APS/CAN for CG #4. Expired on 5/6/16.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG's #2, #4, #5, and HHM #1.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1.

Compliance Manager

Patricia Nicolas

Primary Care Giver

Date

11/28/16

Date

7.1(a)(2). I have sent CTA a current APS/CAN
for CG # 4 on 12/22/16

41(b)(7) I have sent CTA current proof of
TB clearance for CG # 4. on 12/22/16

41(b)(8) Got my Blood Borne Pathogen
Certificate + sent to CTA on 12/22/16

I made a list of expiration date,
Placed all expiration date on my
calendar + will check monthly.

Patricia Nicolas
12/22/16

Dec 31 2016 12:42AM HP Fax

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41(b)(7) I have sent CTA comment proof of
TB clearance for CG # 2, #5
+ HAM #1 on 12/30/16.

Patricia Nicolas
12/30/16