

# Foster Family Home - Corrective Action Report

Provider ID: 1-100030

Home Name: Resurreccion Buan, CNA

Review ID: 1-100030-8

94-900 Kumua St.

Reviewer:

Waipahu

HI 96797

Begin Date: 12/14/2016

End Date: 1/18/17

## 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 CCFH recertification review made on 12/14/16. Corrective Action Report issued during home visit with all items due to CTA by 1/14/17.

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

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) - No second year APS/CAN and Fingerprints for HHM #1, #2, and #3. Expired 1/30/16.

## Foster Family Home Personnel and Staffing

[17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #4. Expired 9/30/16.

## Foster Family Home Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - Client #1, #2, and #3 medications not charted on the MAR for December.

Compliance Manager

*Resurreccion B. Buan*

Primary Care Giver

Date

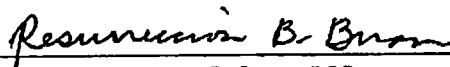
*12/14/16*

Date

Resurreccion Buan  
94-900 Kumuaao Street  
Waipahu, HI 96797  
January 14, 2017

**CORRECTIVE ACTION PLAN**

- 7.1.(a)(1),(2) PCG received current second year APS/CAN and Fingerprints for HHM#1, 2, and 3. The home will utilize a computer program to track the home's HHM's requirements are due to prevent any requirement from expiring in the future. PCG have written all expiration dates for APS/CAN and Fingerprints for each HHM on the current form. See attached copy of current APS/CAN and Fingerprints for HHM#1, 2, and 3.
- 41.(f)(1) PCG received current TB clearance for HHM#4. The home will utilize a computer program to track the home's HHM's requirements are due to prevent any requirement from expiring in the future. PCG have written all expiration dates for each HHM on the current form. See attached copy of current TB clearance for HHM#4.
- 52.(c)(5) PCG completed Medication Administration Record (MAR) for clients 1, 2, and 3 for the month of December 2016. PCG and SCG will chart medications on the MAR everyday. PCG and SCGs now understand the importance of doing this. See attached copy of MAR for clients 1, 2, and 3 for the month of December.

  
Resurreccion B. Buan, PCG