

Foster Family Home - Corrective Action Report

Provider ID: 4-110017

Home Name: Estrelita Gaolran, CNA

Review ID: 4-110017-5

440 Kea Street

Reviewer:

Kahului

HI 96732

Begin Date: 1/26/2017

End Date: 2/1/17

Foster Family Home Required Certificate

[17-14546]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/26/17. PCG requests to decrease to a 2 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 2/26/17.

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

Foster Family Home Background Checks

[17-14547/1]

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) - APS/CAN done on 1/6/17, 3 months late for CG's #1,#2,#3, HHM #1,#2, and #3(expired on 10/22/16).

3 Person Staffing 3 Person Staffing Requirements

[17-145441](3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) - No sign in/sign out sheet being maintained since January 2016.

Compliance Manager



Primary Care Giver

Date

01/26/17

Date

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7.1.(a)(2)

I now understand the rule of obtaining APS/CAN every 2 years. I will place on my iphone calendar and set to remind me 1 month prior to expiration date.

41.(3P)(b)(2)

I now understand this rule and I will maintain a sign-in/sign/out sheet.

Thank you,



Estrelita B. Gaoiran