

Foster Family Home - Corrective Action Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

Review ID: 4-100012-6

1025 Kokomo Road

Reviewer:

Haiku

HI 96708

Begin Date: 1/24/2017

End Date:

2/1/17

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 2 person CCFFH recertification review made on 1/5/17. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 2/5/17.

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 current APS/CAN and fingerprints for CG #1, CG #2, and HHM #1(expired on 11/25/16).

Foster Family Home

Personnel and Staffing

[17-1454-41]

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

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification(expired on 7/6/16).

Compliance Manager



Primary Care Giver

Date

1/24/2017

Date

7.1.(9) (1),(2)- I have purchased APS/CAN and fingerprints for CG#1, CG#2, and HHM# on 1/27/17 and Emailed to CTA.

41.(b)(8) - I send CG#2 to a blood borne pathogens (BBP) class and send her certificate to CTA on 1/27/17.

I have placed APS/CAN, fingerprints, CPR, first aid, blood borne pathogens on my computer calendar and will review monthly or more.

Sincerely,



Julie Bonilla

01/27/2017