

# Foster Family Home - Corrective Action Report

Provider ID: 1-591364

Home Name: Lourdes Bumanglag, CNA

Review ID: 1-591364-4

2423 A Rose Street

Reviewer:

Honolulu

HI 96819

Begin Date: 11/22/2016

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 11/22/16. Corrective Action Report issued during home visit with all items due to CTA by 12/22/16.

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;

Comment:

7.1.(a)(1) - Second year fingerprints not done for CG #4. Expired on 4/8/16.

## Foster Family Home Quality Assurance

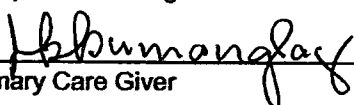
[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

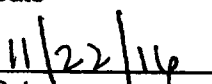
Comment:

48.1.(a) - Emergency Preparedness Plan not signed by all CG's.

Compliance Manager

  
Primary Care Giver

Date

  
Date

1-31-2017

7.1 Got 2nd fingerprint of CG # 4 on 12/7/2016. I will use a calendar placing due dates to prevent any expirations.

48.1 (a) Got all CC's to sign & read my Emergency Preparedness Plan. I will get all new CC to sign my EPP when I hire them

Loudes Bumann