

Foster Family Home - Corrective Action Report

Provider ID: 5-100038

Home Name: Marysol Ganotisi, CNA

Review ID: 5-100038-6

4272 Kailewa St.

Reviewer:

Lihue

HI 96766

Begin Date: 1/26/2017

End Date: 2/1/2017

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 1/26/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/26/2017

6 (d)(1) see applicable sections of this 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) Lapsed on eCrim due on/before 2/10/16 done 3/21/16 for CG#1 and CG#2. Second fingerprinting not present in the home for CG#4. Lapsed on eCrim due on/before 3/7/2016 done on 3/21/2016 CG#5.

7.1.(a)(2) Lapsed on Adult Protective Services and Child Abuse Neglect (APS//CAN) checks due on/before 2/3/2016 done on 3/23/2016 for CG#1 and CG#2. Lapsed on APS/CAN due on/before 3/17/2016 done on 3/20/2016 for CG#5.

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

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

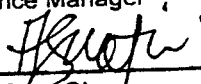
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) Lapsed on TB clearance due on/before 2/15/2016 done on 3/14/2016 for CG#5.

41.(b)(8) Lapsed on CPR and First Aid training due on/before 1/22/2016 done on 3/31/2016 for CG#1 and CG#2. Lapsed on Blood Borne Pathogen due on/before 7/20/2016 done on 11/12/2016 for CG#5.

Compliance Manager



Primary Care Giver

Date

01.26.17

Date

1/26/2017 15:07 PM

Written Plan of Correction

February 01, 2017

7.1.(a)(1)(2) ECRIM and APS/CAN will not lapse in the future for CG #1, and CG #5.

7.1.(a)(1) CG #4 completed 2nd set of FINEGERPRINTING on January 30, 2017. The home will keep a copy of the FINGERPRINTING in the home binder at all times.

4.1.(b) TB clearance will not lapse in the future for CG #5.

4.1.(b)(8) CPR and FIRST AID will not lapse in the future for CG #1 and CG #2. BLOOD BORNE PATHOGEN will not lapse in the future for CG #5.

PREVENTION PLAN: To make sure that i check all the due dates so it doesn't lapse in all the above and i now have my new tracking form and calendar for all requirements so that i can keep track on all papers before their due dates.

DATE: 02.01.17

SIGNATURE: [Handwritten Signature]

ADDRESS: 4272 Kaituma St. Lihue HI 96766