

# Foster Family Home - Corrective Action Report

Provider ID: 1-120077

Home Name: Myrna Andres, CNA

91-1054 Kauiki Street

Ewa Beach

HI 96706

Review ID: 1-120077-6

Reviewer:

Begin Date: 1/25/2017

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:

Home visit for a 3-client CCFFH recertification review made on 1/25/2017. Corrective Action Report issued during home visit with all items due to CTA by 2/25/2017.

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

**Foster Family Home**      **Background Checks**      **[17-1454-7.1]**

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)-CG#4 APS/CAN lapsed (due 2/27/16, done 10/20/16).

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

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

Comment:

41(b)(7)-CG#4 missing 2016 TB clearance.

Compliance Manager



Primary Care Giver

Date

1-25-2017

Date

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Foster Family Home Required Certificate

7-1(a)(2)- CG#4 APS/CAN lapsed due 2/27/2016,done 10/20/2016.

Foster Family Home Personnel and Staffing (17-1454-41

Comment:

Provider will keep a chart of APS/CAN due dates and remind caregivers 2 months in advance of due date,will obtain authorization to get caregiver APS/CAN if unable on the due date. Provider will maintain current APS/CAN in caregiver binder.

41-(b)(7) \_CG#4 missing 2016 TB clearance

Caregiver was unable to locate TB clearance for 2016,but January 2017 is filed in the binder. remind caregiver two month in advance of the due date.



Myrna J. Andres

1/25/2016