

Foster Family Home - Corrective Action Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, CNA

Review ID: 1-512633-6

91-1178 Kuano'o Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 1/3/2017

End Date: 1/17/2017

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 1/3/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/3/2017.

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;

Comment:

7.1.(a)(1) CG#1,#2 and HHM#1 lapsed in eCrim due on 7/27/2016; done on 12/29/2016.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) Current TB clearance not present for CG#1 and #2.

41.(f)(1) Current TB clearance not present for HHM #1.

Foster Family Home

Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) Current Liability Insurance not present for CG\$1 and CG#2.

Compliance Manager

Shirley Gapuz
Primary Care Giver

Date

01/03/17

Date

JAN-13-2017 10:57 FROM

TO:2345470

P.1

Written Plan of Correction

7.1 (A)(1) CG #1, #2 and HHM #1 will not lapsed in e-crim. I would prevent this by using my phone calendar to remind the caregivers and household members to do e-crim 2 weeks before the due date.

41.(B)(7) TB clearance for caregiver ^{CG#1 and CG#2} one and 2 is completed on January 09, 2017, now placed in the home binder. Will use my phone calendar to remind 2 weeks before the due date.

41.(F)(1) TB clearance for household member ^{HHM #1} 1 is completed on January 07, 2017, now place in the home binder. I will remind him 2 weeks before the due date.

49. (A)(1) ^{Current} ~~Commend~~ liability insurance received from 12/31/16-12/31/17, Now place in the home binder. From now on I will call the insurance company to send two week before it expires.

Shirley A. Gapuz
91-1178 Kuano'o Street
Ewa Beach, HI 96706
January 13, 2017