

Foster Family Home - Corrective Action Report

Provider ID: 1-564014

Home Name: Joy Muhcal, CNA

Review ID: 1-564014-5

94-1040 Hahana Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/31/2017

End Date: 2/25/2017

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 1/31/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/3/2017.

6 (d)(1) see applicable sections of this 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) Lapsed on Adult Protective Services and Child Abuse Neglect checks (APS/CAN) due on/before 4/2/2016 was done on 7/15/2016 for CG#4.

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.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(8) Lapsed on CPR due on/before 4/27/2016 was done on 6/23/2016 for CG#2.

41.(f) Lapsed on TB clearance due on/before 9/12/2016 was done on 12/22/2016 for HHM#3.

Compliance Manager



Primary Care Giver

Date

1/31/2017

Date

Written Plan of Correction

February 25, 2017

7.1 (a) (2) CG#4 will not lapse APS, CAN anymore

41 (B) (8) CG#2 will not lapse, CPR anymore

41 (F) HHM#3 will not lapse TB Clearance anymore

Prevention Plan:

The Home will use a Calendar for all the above mentioned requirements for APS, CAN, TB Clearance. as a reminder to renew the above requirements before their expiration dates.

Signed
Joy Muncal
(JOY MUNCAL) CG
94-1040 Hakana St.
Waipahu, HI 96797

FEB 25, 2017