

Foster Family Home - Corrective Action Report

Provider ID: 1-637192

Home Name: Marina Fernandez, CNA

Review ID: 1-637192-8

99-056 Ieie Place

Reviewer: Sue Lo

Aiea HI 96701

Begin Date: 6/23/2017

End Date: 6/23/2017

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 6/23/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/23/2017.

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:

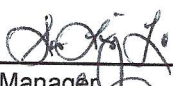
7.1.(a)(1) Lapsed on eCrim due on/before 5/29/16 - was done on 5/31/2016 for CG#1

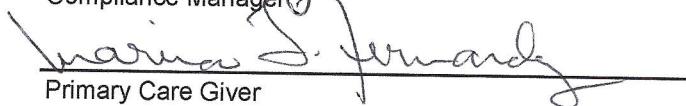
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(8) Lapsed on CPR due on/before 1/13/2016 - was done 2/15/2016 and First Aid training due on/before 12/31/2015 - was done 2/15/2016 for CG#3.


Compliance Manager


Primary Care Giver

6/23/17
Date

6/23/17
Date

Written Plan of Correction

6/24/17

7.1 (a)(1)

CG #1 will not lapse

in E-Crim again anymore

41 (B)(8)

CG #3 will not lapse in CPR and
1st Cid anymore in the future.

Prevention Plan:

Periodically check Home Binder
and a list of requirements before
due date so it will not happen
again in the future.

Marina S. Fernandez
99-056 Ieie Place
Cuea, HI 96701