

Foster Family Home - Corrective Action Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-2

91-614 Pohakupuna St.

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 2/6/2017

End Date: 3/8/17

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 2 person CCFFH recertification review made on 2/6/17. Corrective Action Report issued during home visit with all items due to CTA by 2/5/17.

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

Foster Family Home Background Checks [17-1454-7]

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),(2) - No current APS/CAN and Fingerprints for CG #3.

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

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

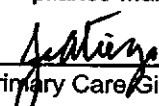
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #3(expired 12/10/16).

41.(b)(8) - No current Blood Borne Pathogen certificate present for CG \$3.

Compliance Manager


Primary Care Giver

Date

02/06/17
Date

7.1.(a)(11).(2)- i have gotten APS/CAN and fingerprint from
CG#3 and placed in my binder on 3/8/2017

41.(b)(7).(8)- i have gotten TB clearance and blood borne pathogen
certificate from CG#3 and placed in my binder on 3/8/2017

i will get all required items (TB, CPR,APS/CAN) from new
caregiver at the time of hire. i will make sure they are not
expired.

J. Atienza 3/8/17
Jacqueline V. Atienza