

# Foster Family Home - Corrective Action Report

Provider ID: 1-140070  
Home Name: Rosalina Basug, CNA      Review ID: 1-140070-4  
520 Kulia Street      Reviewer: Carrie Wakai  
Wahiawa HI 96786      Begin Date: 5/16/2017      End Date: 6/21/17

**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 for a change from 3 bed to 2 bed recertification survey. A corrective action report was issued during the visit with Written Plan of Correction due to CTA by 6/15/2017.

**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;

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)& 7.1(a)(2)-No APS/CAN/Fingerprinting present on HHM#3.

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

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

Comment:

41(f)(1)-No TB clearance present on HHM#3.

**Foster Family Home      Client Care and Services      [17-1454-43]**

43.(c)(3)      Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No RN task delegation, skills testing present on CG#4.

\_\_\_\_\_  
Compliance Manager  
*Rosalina Basug*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date  
*5/16/17*  
\_\_\_\_\_  
Date

## Written Plan of Correction

7.1(a)(1) & 7.1(a)(2)

APS/CAN/Fingerprint was done on 5/24/17 for HHM #3

41.b.7 TB Clearance was completed on 5/25/17 with negative result for HHM #3. FAX 6/12/17

In the future, I make a memo for myself to remind me for the next schedule for TB Clearance and APS/CAN Fingerprint.

43(c)(3)

The home scheduled task delegation skills testing with the nurse case manager for the next client visit. In the meantime, CG #4 will not be allowed to give care to the clients.

ROSALINA BASUG

520 KULIA ST. WAHIAWA, HI 96786

Rosalina Basug 6/20/17