

Foster Family Home - Corrective Action Report

Provider ID: 1-130045

Home Name: Joereilyn Bugausan, CNA

Review ID: 1-130045-5

91-1025 Lele'oi Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 8/15/2017

End Date: 9/6/17

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 8/15/17. Corrective Action Report issued during home visit with all items due to CTA by 9/15/17.

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

7.1.(d)(2)(B) The department finds that the criminal history record of a caregiver, substitute caregiver, or other adult residing in the home, except for adults receiving care, poses a risk to the life, health, safety, or welfare of a client; or

Comment:

7.1.(a)(2) #- APS/CAN not done until 8/25/16 for CG #4(expired on 3/28/16).

Foster Family Home

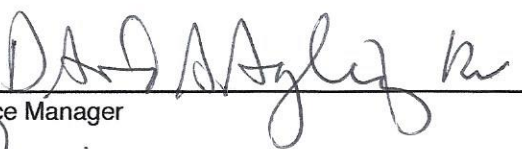
Personnel and Staffing

[17-1454-41]

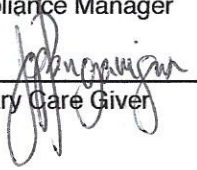
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid were done online instead of a classroom for CG #2.


Compliance Manager

8/15/17
Date



Primary Care Giver

8/15/17
Date

Joereilyn P. Bugauisan

7.1.(a)(2) - I will follow the rule obtaining APS/CAN every 2 years for all CG's from now on. I have written a list of APS/CAN expiration dates and placed on my computer calendar with reminder set at 1 month prior to expiration.

41.(b)(8) - I have obtain a current CPR and First Aid certification from a classroom setting and placed in my CTA binder. I will always use a classroom setting from an approved company from now on.


JOEREILYN BUGAUISAN 9/5/17
Print/Sign and Date