

# Foster Family Home - Corrective Action Report

Provider ID: 1-587686

Home Name: Gladys Asuncion, CNA

Review ID: 1-587686-8

91-1066 Opaehuna St.

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 9/19/2017

End Date: 10/4/2017

## 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 for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/19/2017.

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;

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) CG#2 Lapsed in eCrim due on/before 1/28/216 - was done 3/8/16. CG#3 Lapsed in eCrim due on/before 8/12/14 - was done 9/26/16.

7.1.(a)(2) CG#2 Adult Protective Services/Child Abuse Neglect (APS/CAN) lapsed due on/before 4/14/17 - was done 9/12/17. CG#3 lapsed in APS/CAN due on/before 8/20/16 - was done 9/26/16.

## 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) CG#2 lapsed First Aid due on/before 12/5/15 - was done 1/16/16. CG#4 lapsed on CPR and First Aid due on/before 6/10/17 - was done 8/5/17.

*Sue Lo*  
Compliance Manager

*Gladys R. Asuncion*  
Primary Care Giver

9/19/2017  
Date

9-19-2017  
Date

Community Care Foster Family Home (CCFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFH Name: GLADYS R. ASCUNCION  
 CCFH Address: 91-1066 - OPAHUNA ST,  
EWA BEACH, HI. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) & 7.1(a)(2) 4(b)(8)	LARSE CAN NOT BE FIXED	9-19-17	HOME WILL USE CALENDAR TO PREVENT ANY LARSE IN THE FUTURE BECAUSE THE HOME UNDERSTANDS THE BACKGROUND CHECKS, CPR, & FIRST AID.

Primary Caregiver's Signature: Gladys R. Asuncion

Print Name: Gladys R. Asuncion

Date of Signature: 9-19-2017