

Foster Family Home - Corrective Action Report

Provider ID: 1-560377

Home Name: Nicole Ganitano, CNA

Review ID: 1-560377-6

91-1025 Hanakahi Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/25/2017

End Date: 2/28/2017

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 3-bed CCFH recertification review made on 1/25/2017. Corrective Action Report issued with all items due to CTA by 1/25/2017.

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

Comment:

7.1(a)(2)-CG#1, CG#2 & CG#4's APS/CAN checks lapsed (due on 5/21/16, done 12/30/16).

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)-PCG missing documentation of positive skin test/CXR results (current TB screening form incomplete).

Compliance Manager

Nicole C. Ganitano

Primary Care Giver

Date

1/25/17

Date

Written Plan of Correction

Foster Family Home

Background Checks

Problem: CG#1, CG#2, & CG#4 APS,CAN checks lapsed (due on 5/21/16, done 12/30/16).

7.1.(a)(2) Provider now understands APS,CAN requirements scheduled and will maintain updated caregiver APS/CAN documents. I will record requirements in my planner book and I will also check my binder every month.

Foster Family Home

Personnel and Staffing

Problem: PCG missing documentation of positive skin/CXR results (current TB screening form incomplete).

41.(f)(1) Provider obtained CXR results dated on 1/25/17 and filed in caregiver binder. I will always keep copy of CXR results in caregiver binder for caregivers with positive TB skin test results.

Nicole C. Ganitano
Nicole C. Ganitano Foster Home
91-1025 Hanakahi Street
Ewa Beach, HI. 96706