

Foster Family Home - Corrective Action Report

Provider ID: 1-100070

Home Name: Amalia Garcia-Lindenmuth,
CNA

Review ID: 1-100070-5

123 Uakanikoo Place

Reviewer: Sue Lo

Wahiawa HI 96786

Begin Date: 9/8/2017

End Date: 10/11/2017

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 10/8/2017

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;

Comment:


7.1.(a)(1) Second set of fingerprinting not present in the home for CG#5

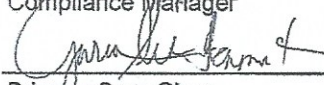
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(7) Lapsed in TB clearance due on/before 12/18/17 and was done 7/5/17 for CG#5.


Compliance Manager


Primary Care Giver

9/8/2017
Date

9/8/17
Date

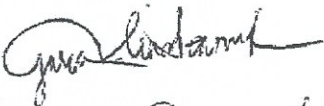
Written Plan of Correction

October 9, 2017

7.1.(a)(1) Second set of fingerprinting for CG#5 was obtained today October 9, 2017. The first two consecutive fingerprinting results are kept in the Home Binder permanently.

41.(b)(7) CG#5's TB clearance will not lapse again and cannot be fixed. To prevent from lapsing, the home will use a Google Docs and set up reminders to track all requirements before due date.

Date: 10/9/17

Signed: 

Print: Amalia Garcia-Lindenmuth

Address: 123 Uakanikoo Place

Wahiawa, HI 96786