

Foster Family Home - Criteria Report

Provider ID: 1-160001

Home Name: Brenda Sanders

Review ID:

41-532 Inoaole St.

Reviewer: David Ayling

Waimanalo

HI

96795

Begin Date: 12/5/2017

End Date: 12/7/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d) To be certified as a community care foster family home, a person, agency, or organization shall:

6.(d)(1) Comply with all applicable requirements in this chapter; and

6.(d)(2) Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: Home visit for 2 person CCFFH recertification made on 12/5/17. Corrective Action Report issued during home visit with all items due to CTA by 1/5/17.

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

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

41.(b)(7) - TB clearance expired for CG #3 (Expired on 11/17/17).

David A. Ayling Jr
Compliance Manager

12/5/17
Date

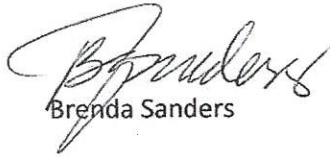
B. Sanders
Primary Care Giver

12/5/17
Date

WRITTEN PLAN OF CORRECTION

41.(b)(7)- I have received a current TB Clearance from CG # 3 dated December 7, 2017 and placed in my CTA binder.

I have made a list of all items with expiration dates (CPR, TB, APS/CAN) and placed in the front on my CTA binder.


Brenda Sanders

December 7, 2017