

Foster Family Home - Corrective Action Report

Provider ID: 1-586711

Home Name: Asuncion Orpiano, CNA

Review ID: 1-586711-7

308 Kilani Avenue

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 12/13/2017

End Date: 11/16/18

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 person CCFFH recertification review made on 12/13/17. Corrective Action Report issued during home visit with all items due to CTA by 1/13/17.

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

Comment:

7.1.(a)(1),(2) - Second year APS/CAN and Fingerprints not done until 12/27/16 for CG #4 (expired on 5/21/15).

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) - No current TB clearance for CG #2(expired on 12/5/17).

David Ayling
Compliance Manager

Asuncion Orpiano
Primary Care Giver

12/13/17
Date

12-13-17
Date

From:

Subject: Re: CTA

Date: Mar 14, 2018 at 15:12:24

Corrective Action Plan

7.1.(a)(1).(2) - I showed CTA on the day of my recertification current APS/CAN and fingerprints for CG #4.

41.(b)(7) - I have received a current TB clearance from CG #2 and placed in my CTA binder. I have placed the expiration dates for APS/CAN, fingerprints and TB clearances for all CG's on my computer calendar. I set the notification for one month ahead of the expiration date



Asuncion Orpiano
January 16, 2018