

Foster Family Home - Corrective Action Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA

Review ID: 1-616138-6

94-110 Leowaena Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/3/2018

End Date:

9/06/18

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 8/03/18. Corrective Action Report issued during home visit with all items due to CTA by 9/03/18.

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;

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)- eCrim lapsed for CG#2, was due on/before 7/16/2018, current not present. ECrim lapsed for CG#3: was due on/before 7/16/2018, current eCrim not present. HHM#1 eCrim lapsed, was due on/before 7/16/2018, current eCrim not present. HHM#2 eCrim lapsed: was due on/before 7/31/2018, no current eCrim present.

7.1.(a)(2)- APS/CAN for CG#2 lapsed: was due on/before 7/18/2018, last done on 7/18/2016. APS/CAN lapsed for CG#3: was due on/before 7/19/2018, was done on 7/30/2018.

Foster Family Home

Personnel and Staffing

[17-1454-41]

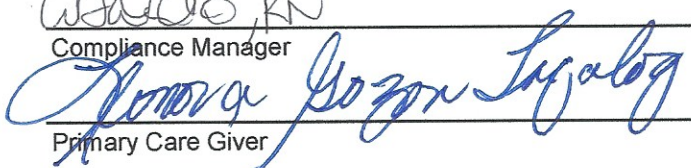
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood borne pathogen lapsed for CG#1: was due on/before 3/14/2018, done on 6/08/2018.



Compliance Manager



Primary Care Giver

8/03/18

Date

8/3/18

Date

