

Foster Family Home - Corrective Action Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

Review ID: 1-511510-5

99-446 Hakina Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 9/29/2017

End Date: 10/6/17

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 9/29/17. Corrective Action Report issued during home visit with all items due to CTA by 10/29/17.

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;

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),(2) - No current APS/CAN and fingerprints for CG #5. Due today.
No current APS/CAN for CG #6. Expired in 2016.

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) - No current Blood Borne Pathogen certification for CG #5 Expired on 8/13/17.

David Ayling
Compliance Manager

9/29/17
Date

Adelaide Pascual
Primary Care Giver

9/29/17
Date

7.1 (a) (1), (2) - I have received current APS/CAN and Fingerprints from CG #5 and also APS/CAN from CG #6 and place all paper works in my CTA binder.

41. (b) (8) - I received a copy of CG #5 current Blood Borne Pathogen certificate and place in my CTA binder.

I have made a list off all items with their expiration dates and place in front of my CTA binder. I will check the list monthly.

Adelaide Pascual 10/4/17

Adelaide Pascual

PCG