

Foster Family Home - Corrective Action Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-3

386 Kahiki Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 5/17/2017

End Date: 5/19/17

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 2 person CCFFH requesting to increase to a 3 client CCFFH. Recertification review made on 5/17/17. Corrective Action Report issued during home visit with all items due to CTA by 6/17/17.

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 second year APS/CAN/Fingerprints present for CG #2(due 1/13/17). No current APS/CAN/Fingerprints present for CG #6.

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 #4(expired 10/10/16).

Compliance Manager

Imelda D. ALC

Primary Care Giver

Date

5-17-17

Date

FOSTER FAMILY HOME - CORRECTIVE ACTION REPORT

PROVIDER ID: 4-591843

NAME: MELBA D. ALBANO CNA

ADD: 386 KAHKI ST. KAHULUI HI. 96732

REVIEWER: DAVID XYLING

7.1. (a) (1), (2)

I HAVE RECEIVED THE APS/CAN AND FINGERPRINTS FROM CG # 2 AND CG # 6 AND PLACED IN MY CTA BINDER.

41. (b) (7)

I HAVE ALSO RECEIVED A CURRENT TB CLEARANCE FROM CG # 4 AND PLACED IN MY CTA BINDER...

I HAVE PLACED ALL THE ITEMS (CPR, TBC, PBP, APS/CAN WITH EXPIRATION DATES ON A LIST AND PLACED IN THE FRONT ON MY CTA BINDER, I WILL CHECK THE "LIST" EVERY MONTH...

Thank You!

o/c,

5/19/17

Melba D. Alcano