

Foster Family Home - Corrective Action Report

Provider ID: 1-170086

Home Name: Joseth Leonida Gamiao, RN

Review ID: 1-170086-2

92-324 Kiowao Place

Reviewer: Angelica Galindo

Kapolei HI 96707

Begin Date: 11/30/2018

End Date: 12/19/18

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 2 person CCFFH recertification review made on 11/30/18. Corrective Action Report issued during home visit with all items due to CTA by 12/14/18.

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) & 7.1.(a)(2) - 2nd set of fingerprints/APS/CAN for CG#2 lapsed: was due on/before 10/30/2018. None current in home binder.

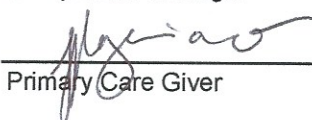
Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - No proof of Fire drills conducted by PCG or SCG's for 2018 in home binder.


Compliance Manager


Primary Care Giver

11/30/18
Date

11/30/18
Date

