

# Foster Family Home - Corrective Action Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-2

91-518 Onelua Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 1/3/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFH recertification review made on 1/03/2019. Corrective Action Report issued during home visit with all items due to CTA by 2/03/2019.

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

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) & 8.(a)(2) - Second set of Fingerprints/APS/CAN lapsed for CG#1: was due on/before 10/12/18, done on 12/04/2018.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No proof of confidentiality and privacy policies and procedures training for CG#2, HHM#2, HHM#3 in home folder.

## Foster Family Home Personnel and Staffing [11-800-41]

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 training for CG#1 lapsed: was due on/before 4/25/2018, done on 9/20/2018.

Asado, RN  
Compliance Manager

cAlcantara  
Primary Care Giver

Crestita Alcantara

1/03/19  
Date

1/03/19  
Date

