

# Foster Family Home - Corrective Action Report

Provider ID: 1-150075

Home Name: Minda Pascual-Arnold, CNA

Review ID: 1-150075-4

94-067 Keahilele St.

Reviewer: Carrie Wakai

Mililani HI 96789

Begin Date: 3/16/2018

End Date: 4/13/2018

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.d.1- Home visit made for a 3 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/16/18.

## 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)-No record of APS/CAN done by CG#3 which was due on or before 1/10/18. No record of APS/CAN done by CG#4 which due on or before 2/26/18. No 2nd fingerprinting present on CG#4 in folder.

## 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 CPR present on CG#3, last CPR card expired 6/20/17.

*Carrie Wakai RN*

Compliance Manager

*Sub Sgt. Curtis*

Primary Care Giver

*3/16/18*

Date

*3-16-18*

Date

