

Foster Family Home - Corrective Action Report

Provider ID: 1-516221

Home Name: Mila Burcena, CNA

Review ID: 1-516221-5

94-1120 Kahuamo Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/8/2019

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

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/08/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/08/19.

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

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

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

Comment:

8.(a)(2) - APS/CAN lapsed for CG#4: was due on/before 3/24/2018, done on 6/05/2018.

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 lapsed for CG#2: was due on/before 1/02/2019, done on 1/30/2019.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist:

Comment:

54.(c)(5) - Three medications prescribed by MD for Client #1 not listed on medication administration record. Medication discrepancy for client #2: 1 medication label/md orders did not match on the medication administration record.



Compliance Manager



Primary Care Giver

5/08/19

Date

5/08/19

Date

