Foster Family Home - Corrective Action Report

Provider ID:

1-100095

Iome Name:

Emie Joy Pomov, LPN

Review ID:

1-100095-7

676 California Avenue

Reviewer:

Vahiawa

HI 96786

Begin Date:

7/22/2015

End Date: 7/27//5

Foster Family Home

Required Certificate

[17-1454-6]

i.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 7/22/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/22/15.

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

Foster Family Home

Personnel and Staffing

[17-1454-41]

\$1.(b)(5)

Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) CG#1 no automobile insurance in record during recertification visit from 09/20/14-03/0/15

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) CG#3 did not lead fire drill in 2014

Foster Family Home

Records

[17-1454-52]

52.(a)

Each home shall maintain an administrative notebook including but not limited to

Comment:

52.(a) sign out sheet for 3 client home complete. CG#7 worked over 5 hours in 24 hour period of time. CG#7 is not able to work over 5 hours in 24 hour time frame

Employ Page 19 ages 19

Primary Care Giver

Date //22/1(

Date

7/22/2015 15:54 PM

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Emie Joy Pomoy 7/22/15 Corrective Action Plan

- Current insurance is on file, but insurance prom a/2/14-3/21/15 not on file. I will make sure that all insurance is current and always on file Fir review.
- 2.) Citation # 45A 1 CG #3 did not complete fire drill last 2014.

I will make sure that all my Substitute caregivers will do fire drill atteast once a year. Make a list to keep track that all substitute care givers are done ampliant.