

# Foster Family Home - Corrective Action Report

Provider ID: 4-624628

Home Name: Era Luczon, CNA

Review ID: 4-624628-2

97 Hoku Puhipaka Street

Reviewer:

Kahului HI 96732

Begin Date: 6/5/2015

End Date: 6/20/15

## 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. State name check lapsed for CG #1 and CG #2. CG #1 done 5/20/15 and due 1/20/15. CG #2 done 5/20/15 and due 1/20/15.

7.1.a.2. No 2014 APS/CAN checks for all caregivers. APS/CAN checks lapsed for all caregivers. CG #1 and CG #2 done 5/28/15 and due 5/15/14. CG #3 and CG #4 done 5/28/15 and due 5/16/14. CG #5 done 5/28/15 and due 10/10/14.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.b.7. No 2014 TB test done for CG #1, CG #2, and CG #5. CG #1 done 1/22/15 and due 1/24/14. CG #2 done 1/22/15 and due 1/24/14. CG #5 done 1/29/15 and due 4/11/14.

41.b.7. TB test lapsed for CG #4. Done 4/8/14 and due 1/24/14.

## Foster Family Home Medication and Nutrition [17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.c. No medication side effect resource present in home/record.



Compliance Manager



Primary Care Giver

6-22-15

Date

06-22-15

Date

FROM: Era R. Luczon (Primary Caregiver)

TO:

  
Community Ties of America, Hawaii Operations

I, Era Luczon, acknowledge my deficiencies:

7.1.a.1 State name check lapsed for CG#1 Era Luczon and CG#2

7.1.a.2 APS/CAN lapsed for all caregivers: CG#1 Era Luczon, CG#2 CG#3  
CG#4 CG#5

41.b.7 No 2014 TB Test done for CG#1 Era Luczon, CG#2 and CG#5

41.b.7 TB Test lapsed for CG#4

46.c. Regarding the medication side effects, resource are attached in my letter.

I can prevent these deficiencies in the future by creating reminders on my cellphone alerting me to re-do these documents at least one month before due date.

Sincerely,

 06-22-15  
Era Luczon