

# Foster Family Home - Corrective Action Report

Provider ID: 1-130039

Home Name: Gina Yoshikawa, CNA

Review ID: 1-130039-3

91-967 Ikulani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 8/12/2015

End Date: 10/3/2015

## 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 on 8/12/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/12/2015.

6 (d)(1) see applicable sections of this review.

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

41.(a)(2) Be a NA, an LPN, or a RN;

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(2) CG#2 CNA license expired on 5/29/2015. Current CNA license not present

41.(b)(7) CG#2 and CG#3 Current TB clearance not present.

41.(b)(8) CG#2 expired 2/2/2015 and CG#3 expired 2/11/2015; no current BBP present for CG#2 and CG#3.

41.(e) CG#2 SCG approval form not present.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

8/12/2015  
Date

8/12/2015  
Date

## Plan of Correction

Date: 9/29/2015

41.(a)(2) CG#2 removed in the Home due to no contact

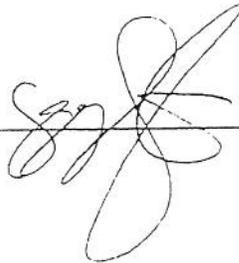
41 (b)(7) CG#2 removed in the Home due to no contact. CG#3 now has current TB clearance. This will not happen again because I have a Tracking Log for Expiration Dates.

41.(b)(8) CG#2 removed in the Home due to unable to contact. CG#3 now has current BBP. In the future, a tracking log is used to prevent expired document happen again.

41.(e) CG#2 removed in the Home due to no contact.

Date: 9/29/2015

Sign: \_\_\_\_\_

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right, positioned over a solid horizontal line.

Home Address:  
91-967 Ikulani St.  
Ewa Beach, Hi 96706