

Foster Family Home - Corrective Action Report

Provider ID: 1-090102

Home Name: Janet Funtilla, CNA

Review ID: 1-090102-4

94-618 Hiahia Place

Reviewer:

Waipahu HI 96797

Begin Date: 3/4/2015

End Date: 4/14/15

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

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

Comment:

6.(d)(1)
Review for recertification. Deficiencies are listed under separate sections. CAP issued with all items due by 4/4/15. Items submitted 4/14/15.

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

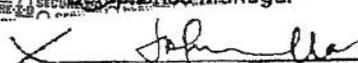
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

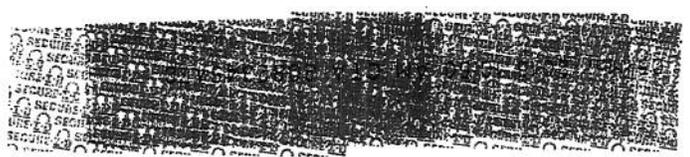
41.(b)(4)
CG 2,3, and 4 have very old disclosures in file.
41.(c)
PCG has only 6.5 hours of continuing education hours.



Experience Manager


Primary Care Giver

3/5/15
Date
3/5/15
Date





Janet Funtla
PCG

CCFFH CORRECTIVE ACTION REPORT

1. Deficiency Number. 410

2. What did to correct it.

I have to attend more hours of inservice,
which I shld. have 12 hrs. inservice a year.

3. How to prevent from happening again.

Check every month or 3 months if you
have enough inservice hours or you put in
your reminder book to check your inservice
total of hours. This to prevent from lacking
of hours inservice!