

# Foster Family Home - Corrective Action Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-1

87-556 Nanuu St.

Reviewer:

Waianae HI 96792

Begin Date: 7/1/2015

End Date: 7/11/2015

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

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

Comment:

6 (d)(1) The NEW Home visit made on 7/1/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 8/1/2015.

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

Foster Family Home Physical Environment [17-1454-48]

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms:

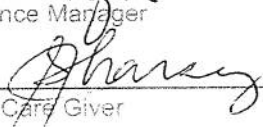
48 (a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate:

Comment:

48.(a)(1) Non-slip surface not present in the tub/shower.

48.(a)(2) Grab bars not present in bath and toilet.

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

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

7/1/2015  
\_\_\_\_\_  
Date

7/1/2015  
\_\_\_\_\_  
Date

1-150035

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Plan of Correction

48 a. 1 How you Fix: The Home Bathroom tub now has a non- slip surface.

In the future:

This will not happen in the home again.

48 a.2 How you fix: The home bathroom now has a grab bars in bath and toilet room used by the client as appropriate.

In the future:

This will not happen in the home.

Thank you,

  
Joyce Sharsy

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Fax