

Foster Family Home - Corrective Action Report

Provider ID: 1-120066

Home Name: Emely Castro, CNA

94-1147 Nalii St

Waipahu HI 96797

Review ID: 1-120066-6

Reviewer:

Begin Date: 1/5/2015

End Date: 1/8/2016

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 1/5/2016 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/19/2016.

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

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3) [REDACTED] job experience form not present in the home.

Compliance Manager

Primary Care Giver

1/5/2016

Date

1/5/2016

Date

Written Plan of Correction

01/06/2016

41(a)(3) The home now has job experience forms completed on 01/05/2016 by

 . This will not happen in the future because all the CG jobs experience forms remain in the Home binder permanently

01/06/2016

Emely C. Castro

EMELY C-CASTRO

PRIMARY CAREGIVER

94-1147 Nalii St

Waipahu HI 96797