

Foster Family Home - Corrective Action Report

Provider ID: 1-090125

Home Name: Jessie Villanueva, CNA

Review ID: 1-090125-7

4-1591 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/16/2015

End Date: 12/18/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 12/16/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 1/16/16.

(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

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

Comment:

(b)(7)CG#2 T.B test completed on 6/14/15, due be 5/28/15 to be in compliance.CG#8 T.B test completed on 11/30/15, due be 9/24/15 to be in compliance.

Foster Family Home

Fire Safety

[17-1454-45]

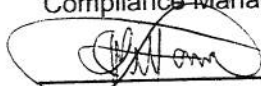
(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

(a) CG#2,#6,#8 did not lead fire drill in 2014

SECURITY WATER MARK

Compliance Manager



Primary Care Giver

12/16/15
Date

12-16-15
Date

CORRECTIVE ACTION REPORTS

12-16-15

4: b7 CG#12 AND CG#8 TB TEST DONE LATE BUT NOT EXPIRED.
IN ORDER TO AVOID SUCH GAP AND TO BE ALWAYS UP
TO DATE ALWAYS PUT A NOTE WHEN THEIR TB TEST ARE
COMING NEAR DUE >

45 & CG#2 AND CG#6 & 8.

DID NOT LEAD FIRE DRILL ON 2014:

POC WILL MAKE SURE THE ALL WILL PARTICIPATE &
LEAD AT LEAST ONE (1) FIRE DRILL EVERY YEAR.

PUT A CHECK LIST OF THEIR NAMES ON THE
FRONT PAGE OF THE BOOK WHO ALREADY COMPLETED
THE TEST.


JESSIE VILLANUEVA