

Foster Family Home - Corrective Action Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

1335 Kaiwika Road

Hilo HI 96720

Review ID: 2-583212-3

Reviewer:

Begin Date: 1/20/2015

End Date:

1/26/15

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

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

Comment:

Home visit made to survey for recertification. Home not in compliance on day of review. Out of compliance items will be listed in the appropriate section of this document. All documentation for out of compliance to be sent to CTA by PCG within 30 days of this review. All documentation received by CTA within 30 days of review. Home will be recertified for three clients for one year.

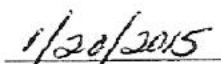
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.b.7 TB exam. No TB exam for CG # 2.


Compliance Manager


Date

Primary Care Giver

Date

Foster Family Home Corrective Action Report

Paul Caplan RN MSN
Compliance Manager

1-20-15
Date

[Signature]
Primary Caretaker

1-20-15
Date

Page 1 of 1

1/20/2015 18:18 PM

① 41.b.7 No documentation for 2012 for [redacted] C6#1

② 41.b.7 No documentation for 2015 for [redacted] C6#2

[redacted] C6#1 to submit documentation to CTA within 30 days of this review.

red
1-20-15

My response to my deficiency is:

#1 rule # 41.b.7 I did not have the documentation for [redacted] T.O. #1 or [redacted] C6#2 in [redacted] binder

#2 it wasn't in [redacted] binder because I couldn't find it.

#3 I will be sure to put all documentation in [redacted] binder as soon as I receive it

DCG
[Signature]