Foster Family Home - Corrective Action Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA   Review ID: 2-614992-5

15-1991 Poni Moi 29th Ave.,   Reviewer:
HPP

Keaau   HI   96749   Begin Date: 9/8/2015   End Date: 9/11/15

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

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

Comment:

Home visit done on 9/8/15 to survey for recertification. Home not in compliance on day of survey. Out of compliance items/deficiencies will be listed in the appropriate section of this document. PCG to submit documentation for deficiencies to CTA within 30 days of this survey.

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

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.(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.

9-8-15

Compliance Manager _____   Date

_____
Primary Care Giver   Date

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9/8/15

My name is Jasbonni M Chin and my home was surryayed 9/8/15 the following items were not complete. PCG & SCG 12 hrs of anual training for me and 8 hrs for my husband _____ rule number (41c). My plan of action for prevention is to have it done. change my source and of training send it to CIA within the 30 Days. The season for my deficiency was because time got away from me. I appreciate Your pardon and thank You for Your time.

Sincerly,
Jasbonni M Chin 9/8/15