Foster Family Home - Corrective Action Report

Provider ID: **1-130060**

Home Name: **Lynn Ann Lau, NA** **Review ID:** **1-130060-3**

6012 Kaniela Place Reviewer:

Honolulu HI 96821 Begin Date: 10/13/2015 End Date: 11/13/15

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

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

Comment:

6.(d)(1)

Survey for recertification of two client CCFFH 10/13/15. Corrective Action Report issued with Corrective Action Plan due to CTA by 11/13/15.

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)
All substitute caregivers in two client homes must take 8 hours of in service training yearly.

CG3 needs 6 more hours of in service training.

[redacted]

Compliance Manager 10/13/15 Date

Primary Care Giver 10.13.15 Date

11/042015

Lynn Ann U. Lau
6012 Kaniela Place
Honolulu,Hi 96821

To whom it may concern,

41.(c)
Upon discovering the deficiency of hours needed, I immediately had my caregiver attend in-service training to complete the appropriate amount of hours. In order to avoid these deficiencies in the future, I will use mobile devices, laptop, calendars to schedule in-service training hours to ensure that it will be completed in on a timely manner

Thank you,

Lynn Ann U Lau
CNA