

Foster Family Home - Corrective Action Report

Provider ID: 1-561391

Home Name: Susan Intong, CNA

Review ID: 1-561391-3

91-750 Oneula Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/4/2015

End Date:

5/13/15

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

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

Comment:

Home visit for recertification of 2 bed changing to 3 bed home on 5/4/15. Corrective action report issued at time of review. Items due to CTA by 6/4/15.

6.(d)(1) Refer to appropriate sections of this review.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) Job experience document showing 1 year experience for CG#2 and CG#3 is not present.



Primary Care Giver

5/4/15
Date

5/4/15
Date

Foster Family Home - Corrective Action Report

Provider ID: 1-581391
 Home Name: Susan Intong, CNA
 91-750 Oneula Place
 Ewa Beach HI 96706

Review ID: 1-581391-3
 Reviewer:
 Begin Date: 5/4/2015 End Date:

Foster Family Home Required Certificate [17-1454-8]

6.(d)(1) Comply with all applicable requirements in this chapter, and
 Comment:
 Home visit for recertification of 2 bed changing to 3 bed home on 5/4/15. Corrective action report issued at time of review.
 Items due to CTA by 6/4/15.

6.(d)(1) Refer to appropriate sections of this review.
3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

Comment:
 41.(3P)(a)(4) Job experience document showing 1 year experience for CG#2 and CG#3 is not present.

My substitute caregiver #2 was my substitute caregiver since I started my Foster Home business 2004. [redacted] has performed all duties of caregiving. [redacted] is very reliable and dependable.

Substitute caregiver #3 gain [redacted] experienced while working as a CNA in the [redacted] and at the same time my caregiver 11 years now. [redacted] Form 5/13/15

Job experience forms completed and placed in binder. Primary Caregiver [redacted] 5/26/15

In addition to response 5/26/15

Compliance Manager
 [Signature]
 Primary Care Giver

Date 5/4/15
 Date 5/13/15