

Foster Family Home - Corrective Action Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-4

94-1079 Lumiaina Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/20/2015

End Date: 2/17/16

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

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

Comment:

Home survey for recertification of two client CCFFH conducted 11/20/2015. Corrective Action Report issued with Corrective Action Plan to be completed by 12/20/2015.

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)

CC and CC No proof of positive TB testing in file.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

48.1.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

48.1.(d), (e)

There is a locked door for which the Caregiver did not have a key and this area was not inspected.

Compliance Manager

Date

Primary Care Giver

Date

December 29, 2015

Re: Written Plan of Correction

1. TB clearance of CG# [REDACTED] should always be on file (proof of copy that above caregiver is positive for TB clearance). Attached is the TB clearance for [REDACTED]
2. Room that is locked, caregiver should always have copy of key in case of emergencies. Talk to [REDACTED] regarding that matter. They can make a copy of the room key for caregiver.

Thank you so much.

Respectfully Submitted by:

[REDACTED]
Jocelyn L. Ramelo