

Foster Family Home - Corrective Action Report

Provider ID: 1-562901

Home Name: Emylyn Malapit, CNA

320 Kolekole Drive

Wahiawa

HI 96786

Review ID: 1-562901-3

Reviewer:

Begin Date: 5/16/2016

End Date: 6/03/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 2 client CCFFH and change from 2 client to 3 client during review and due to CTA by [REDACTED] See applicable sections 6.(d)(1). Corrective action report issued

Foster Family Home Personnel and Staffing

[17-1454-41]

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG [REDACTED] no proof of T.B [REDACTED] in record during review. Unable to tell in T.B [REDACTED] completed on time.
41.(f)(1) HHM [REDACTED] no proof of T.B in record during review.

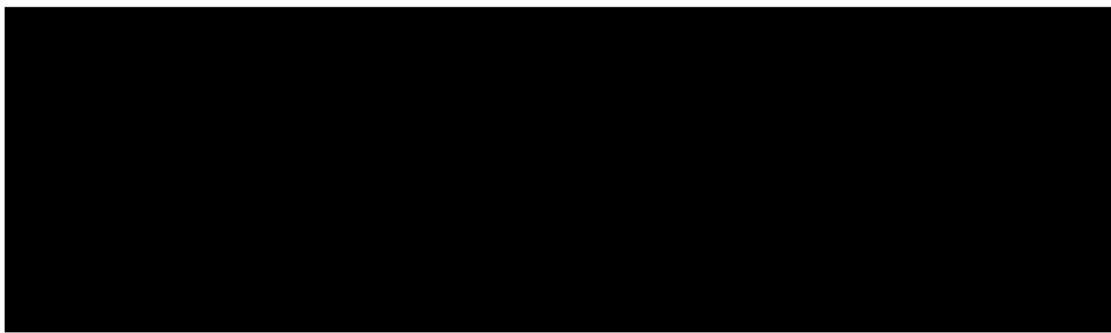
Foster Family Home Fire Safety

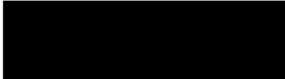
[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) CG [REDACTED] and CG [REDACTED] did not lead a fire drill [REDACTED]





41 • (6)(7) CG █, CG █, CG █, CG █, CG █. The home could not locate copies of completed TB clearance █. The home will update and keep record on file of all caregiver's TB clearance and put in a calendar a month before it is due and check the calendar monthly of all caregivers a list of all caregivers to prevent from happening again.

41 • (f)(1) HHM █. A household member of the home did not receive TB clearance. Household member has TB clearance and kept on record filed and put in a calendar a month before it is needed and check the calendar monthly of all household members to prevent from happening again

45 • (a) CG █ and CG █. The home's caregiver █ and caregiver █ will conduct a fire drill in the future. Make a plan or calendar of caregivers who will conduct fire drill every month. All the caregiver's shall conduct a fire drill to prevent from happening again.

