

Foster Family Home - Corrective Action Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID: 1-110052-5

1919 Beckley Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/9/2016

End Date: 5/19/2016

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this review.

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

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

Comment:

41.(f)(1) HHM#1 result done [REDACTED] and no current PPD present in the home.

Foster Family Home Fire Safety [17-1454-45]

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

Comment:

45.(a) [REDACTED]



WRITTEN PLAN OF CORRECTION

41. (F) (1)

[REDACTED]. The form was misfiled in the home binder and this incident would not happen again in the future. This form will be filed according to the table of contents.

45(a)

