

Foster Family Home - Corrective Action Report

Provider ID: 1-511685

Home Name: Luz Bareng, CNA

Review ID: 1-511685-4

94-547 Ana Aina Place

Reviewer:

Waipahu

HI 96797

Begin Date: 5/13/2016

End Date: 5/26/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

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) - No proof of x-ray for CG #1, CG #3, and CG #4.

Foster Family Home

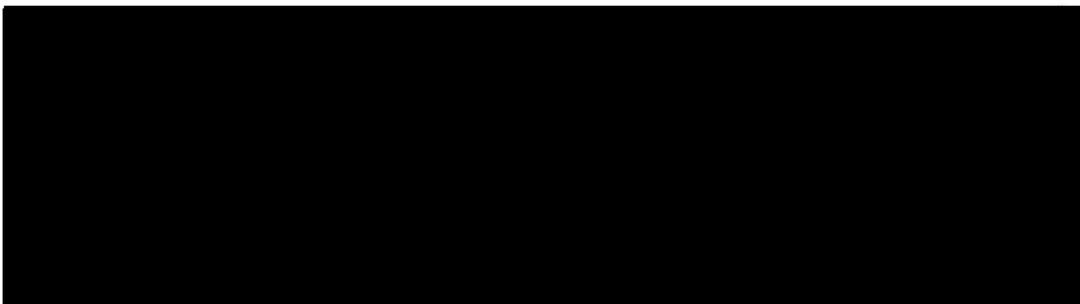
Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - No signed Emergency Preparedness Plan.



41.(d)(1) – Sent CTA proof of x-ray for CG #1, CG #3, and CG #4 [REDACTED]

48.1.(a) – Sent CTA a copy of my Emergency Preparedness Plan signed by me and all my SCG's. All CG's have read and understand the Plan.

I will keep proof of x-rays for false positive PPD for all CG's and HHM's that require them. I understand the reason for this. I also understand the rules for the Emergency Preparedness Plan and have had all CG's sign it. I will have all future CG's read and sign it when I add them to my CCFFH.

[REDACTED]