

Foster Family Home - Corrective Action Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

Review ID: 2-619273-4

#14 9-1/2 Mile Camp

Reviewer:

Keaau

HI 96749

Begin Date: 3/24/2016

End Date:

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Survey performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA [REDACTED]

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

No annual training in binder for PCG, SCG # 1, 2 or #3.

Compliance Manager

Rowena Visaya

Primary Care Giver

4/24/16

Date

4/24/16

Date

41.(c)

I got the 12 hour inservice training and sent to
CTA for PCG, SCG # 1, 2 and 3 [REDACTED]. I
will prevent this from happening again by checking my
binder for annual training hours every month.

Thank you,

Drumstick
ROWENA VISAYA,
(PCG) 4/23/16