

Foster Family Home - Corrective Action Report

Provider ID: 1-561391

Home Name: Susan Intong, CNA

Review ID: 1-561391-4

91-750 Oneula Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/11/2016

End Date: 6/3/2016

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.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

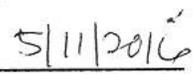
41.(a)(3) HHM#1 did not have one year required experience listed as CG in the Home and no removal form received.

Compliance Manager



Primary Care Giver

Date



Date

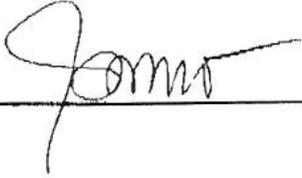
May26, 2016

Written Plan of Correction

41 (a)(3) The home will not use unqualified HHM #1 for a 3-client home again in the future until HHM#1 fully qualified with one-year experience or any qualified CGs with one-year experience according to the Hawaii Administration Rule. [REDACTED]

May 26, 2016

Sign _____



Susan J Intong
CCFFH - Primary
91-750 Oneula Pl. Ewa Beach HI 96706