

Foster Family Home - Corrective Action Report

Provider ID: 1-120018

Home Name: Daisy Jovellanos, CNA

Review ID: 1-120018-6

94-1576 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/13/2015

End Date: 3/13/15

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 2 person recertification review made on 2/13/15.
Corrective Action Report issued during home visit with all items due to CTA by 3/13/15.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

To prevent: have calendar reminder ^{on} phone at least 1 month before expiration & reminder on email.

7.1.(a)(1) - eCrim not done on time for CG #1

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:

clearance letter attached.
Prevention: have reminder set on phone & email for at least 1 month before expiration.

41.(b)(7) - Expired TB clearance for 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:

Signed Plan attached.
Prevention: check CTA website regularly for updated forms.

48.1.(a) - Emergency Preparedness Plan not signed and dated.

Compliance Manager

[Signature]

Primary Care Giver

2/13/15
Date

2/13/15
Date