

Foster Family Home - Corrective Action Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA

91-1082-A Kauiki Street

Ewa Beach

HI 96706

Review ID: 1-090104-3

Reviewer:

Begin Date: 8/8/2016

End Date: 9/6/16

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 made on 8/8/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/8/2016.

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

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

Comment:

41.(b)(7) CG#1 completed TB clearance on 7/21/14 and expired on 8/21/2015 but renew on 9/10/15 with about 2 weeks lapse. CG#3

completed TB clearance on 7/16/14 and expired on 8/16/2015 but renew on 12/12/15 with about 4 months lapse.

41.(f)(1) HHM#1 completed TB clearance on 7/24/14 and expired on 8/24/2015 but renew on 12/5/15 with about 3.5 lapse.

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

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) CG#5 has no record that Fire Drill was conducted in the home.

Compliance Manager

Primary Care Giver

J. Gamiao

Date

Date

08-08-16

Written Plan of Correction

9/2/16

41. (B) (7) and 41 (AH) CG #1, CG #3, and HHM #1 will not lapse for T.B. clearance again because the home will use the i-phone calendar to remind for all requirements before the due date.
- 45 (b) (2) CG #5 conducted fire drill on 09-01-16. This will not happen again in the future. Because the home will not^r continue to train all CGs to conduct fire drills monthly.

Date: 9/2/16

Sign: ^{J. Gamiao} Josephine Gamiao

Home Address: 91-1092-A Kaula St.
Ewa Beach H. 96706