

# Foster Family Home - Corrective Action Report

Provider ID: 1-150036

Home Name: May Rose Kumar, CNA

Review ID: 1-150036-1

1490 Lehia St.

Reviewer:

Honolulu

HI 96818

Begin Date: 7/15/2015

End Date: 7/18/2015

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) The NEW Home visit made on 7/15/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 7/29//2015.

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

7.1.(a)(1) CG#2 APS/CAN was done on 5/13/2013 and 7/15/2015; a 2 months lapse.

## 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:

41.(c) CG#1 Annual Training for 12 hours not present.

Compliance Manager

Primary Care Giver

7/15/2015

Date

7/15/2015

Date

# Plan of Correction

July 18, 2015

7. 1 (a) (1) CG #2 APS/CAN has a 2 months Laps. This will not happen again in the future. because the home now has a tracking system for all due dates.
4. 1. (c) CG #1 now has 12 hours of in-service training documents filed in the home binder. This will not happen again because the home has a due date Log

July 18, 2015

Jay Rosoff  
Jay Rosoff Kumar  
1490 Lehua Street  
Honolulu, HI 96818