

Foster Family Home - Corrective Action Report

Provider ID: 1-090081

Home Name: Myrna Tabbay, CNA

1853 A Makuaehine Place

Honolulu HI 96817

Review ID: 1-090081-4

Reviewer:

Begin Date: 10/13/2015

End Date:

10/22/15

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

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

Comment:

1-090081 : In home survey for recertification of three client home. Corrective Action Report issued with Corrective Action Plan to be submitted to CTA by 11/13/15.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment:

41.(3P)(a)(5) In a three client home, all caregivers must show twelve hours of in services in 12 months, or 24 hours of in services in 24 months. They must be verifiable.

CG3 : Has only 9 hours in service in file. Inservice must relate to CCOFFH environment (not maintenance, food service, etc -)

CG4: Employer must verify in service training.

CG5: Employer must verify in service training.

CG7: Employer must verify in service training.

Compliance Manager

Primary Care Giver

[Handwritten signature]

Date

Date

10/14/15

10/14/15

October 21, 2015
Myrna Tabbay
1853-A Makuahine place
Honolulu HI. 96817

Citation #: 17-1454-41

In a three client home, caregivers must show twelve hours of in service in 12 months, or 24 hours of in services in 24 months.

Corrective action plan taken:

CG3 has completed more that 12 hours of in service training within 12 months that is related to CCFFH (not related to maintenance, food service, etc.)

I will make sure that all caregivers will have 12 hours or more in services training related to CCFFH.

Citation #: 17-1454-41

Employer must verify in service training.

Corrective action plan taken:

CG4, CG5, CG7, had obtained in service training from their respective employer and put in file.

I will make sure all my caregivers in services training are all up to date and be given in a timely manner. As a PCG, I will input the information in my calendar to remind myself that certain documents are due or need my caregivers attention.

Signature:

