

# Foster Family Home - Corrective Action Report

Provider ID: 1-160072

Home Name: Luzvelinda Wilson

Review ID: 1-160072-1

91-992 Papapuhi Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/27/2016

End Date: 11/3/16

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

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

Comment:

6(d)(1) New Home visit on 10/27/2016 for a 2 bed certification. Corrective action report issue during home visit with corrective action plan due to CTA on 11/27/2016.

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

## Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41(f)(1) The home does not have a record of CG#2's current TB screening form. Chest x-ray in file was done 10-31-2014.

## Foster Family Home Physical Environment [17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48(a)(2) No grab bar present at toilet area.

Compliance Manager

*Luzvelinda M. Wilson*

Primary Care Giver

Date

*10/27/16*

Date

**LUZVELINDA CCFFH, LLC**

Corrective Action Plan

Friday, October 28, 2016

41(f)(1) CG #2,3 A copy of SCG's tuberculosis screening form not in binder

Corrective Action: The TB Screening was completed and added to Caregiver Binder 10/28/2016 and has been included for your review.

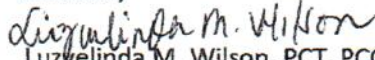
Preventative Action: PCG will keep a credentials tracking form in each SCG and PCG file which will detail expiration date(s) of all credentials to be monitored monthly

48(a)(2) Grab bar required in the toilet area of the client's bathroom

Corrective Action: A grab bar has been installed to the client's toilet area as instructed

Preventative Action: A grab bar will be maintained in the client's toilet area.

Sincerely

  
Luzvelinda M. Wilson, PCT, PCG, Member  
91-992 Papapuhi Pl.  
Ewa Beach, Hawaii 96706