

Foster Family Home - Corrective Action Report

Provider ID: 1-559114

Home Name: Remedios Laforga, CNA

Review ID: 1-559114-4

94-1111 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/29/2016

End Date: 10/26/2016

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 9/29/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/29/2016.

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.(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.

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

Comment:

41.(b)(7)CG#2 TB clearance incomplete and current TB clearance not present in the home.

41.(c) CG#1, CG#2, and CG#3 Annual Training Hours incomplete with 5 more hours required.

41.(f)(1)HHM#2 TB clearance incomplete and current TB clearance not present in the home.

Compliance Manager

Remedios Laforga
Primary Care Giver

Date

9/29/16
Date

