

Foster Family Home - Corrective Action Report

Provider ID: 140057

Home Name: Daisy Kaneshi, CNA

Review ID: 1-140057-3

94-535 Ana Aina Place

Reviewer:

Waipahu

HI 96797

Begin Date: 6/29/2016

End Date: 7/15/16

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

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

Comment:

Home visit for a 2 person recertification review made on 6/29/16. PCG requests to increase to a 3 client CCFH. Corrective Action Report issued during home visit with all items due to CTA by 7/29/16.

6.(d)(1) - see applicable sections of the review

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

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

Comment:

41.(d) - No current CNA certification for CG #3.

Foster Family Home Client Rights [17-1454-50]

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

50.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

50.(a), 50.(b)(1) - No signed Policies and Procedures for client #1.

Compliance Manager



Primary Care Giver

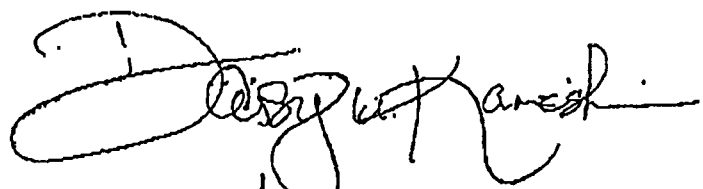
6/29/16
Date

6/29/16
Date

41.(c)d) - I sent CJA the current CNA Certification for CG # 3 on 7/15/16.

50.(a)(b)(1) I signed policies and procedures for client # 1 to CJA on 7/15/16.

I will make sure and I keep all current and future SCG's records up to date, including their diplomas and CNA recertifications. I will have policies and procedures signed by every new client upon admission to my CCFH.


7/15/2016