

Foster Family Home - Corrective Action Report

Provider ID: 1-614059

Home Name: Marites Calapini, CNA

Review ID: 1-614059-3

94-108 Hula Street

Reviewer:

Waipahu

HI 96797

Begin Date: 8/31/2016

End Date: 9/13/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 8/31/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/1/2016.

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

Comment:

41.(b)(7) CG#4 TB Clearance completed on 2/20/2016 without proof of lab results by TB skin test and chest x-ray not present in the home.

Foster Family Home

Fire Safety

[17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) CG#4 fire drill documentation for conducting fire drill not present in the home.

Compliance Manager



Primary Care Giver

Date



Date

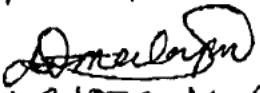
WRITTEN PLAN OF CORRECTION

Date: Sept. 13, 2016

41.6(7) CG No. 4 provided the proof of T-B clearance dated 7-25-2006. To prevent from happening again the home will keep the TB downed in the bindu permanently.

45(b2) The home fire drill be conducted by every CG from now on so this will not happen again in the future.

Date : Sept. 13, 2016


MARITES M. CALAPINI (PCG)
94-108 HULA ST
WAIPAHU HI 96797