

# Foster Family Home - Corrective Action Report

Provider ID: 2-100009

Home Name: Alejandro Salom, CNA

16-1566 Kaaau Pahoia Road

Kaaau HI 96749

Review ID: 2-100009-3

Reviewer:

Begin Date: 12/14/2016

End Date: 12/16/16

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

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 1/14/17.

## 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.

Comment:

No current TB clearance in home binder for care giver # 2.  
No annual training in home binder for care giver # 2.

Compliance Manager

*Alejandro Salom*  
Primary Care Giver

Date

12-14-16

Date

## Corrective Action Plan

41.(b)(7) I did not have TB clearance for 2016 for my caregiver #2. She had TB clearance done on 12-14-16 and i have put it in my home binder. I will keep a calendar to all documents and i will check it every month so nothing will expire.

41.(c) I did not have <sup>enough</sup> in service training for caregiver #2. She got <sup>needed</sup> her annual training done today "12-14-16" and i put it in my home binder. I will keep my calendar to all documents and i will check it every month so nothing will expire.

Alexandro Salom 12-14-16