

Foster Family Home - Corrective Action Report

Provider ID: 1-611914

Home Name: Ligaya Badua, CNA

Review ID: 1-611914-6

1917 Hani Lane

Reviewer:

Honolulu HI 96819

Begin Date: 12/5/2016

End Date: 1/5/2017

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 3 person CCFFH recertification review made on 12/05/16. Corrective Action Report issued during home visit with items due to CTA by 01/05/2017.

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

Foster Family Home Background Checks

[17-1454-7(1)]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1(a)(1)-SCG#5 is missing 2nd set of fingerprinting in binder.

7.1(a)(2)-SCG#5's APS/CAN was due on or before 11/17/16 and was done on 11/29/16.

3 Person Fire Safety Natural Disaster

[17-1454-45](3P)

45.(3P)(b)(1) shall be conducted monthly

45.(3P)(b)(5) shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

45(3P)(b)(1)& 45(3P)(b)(5)-Foster home did not conduct and document fire drill on 2/16 and 10/16.

Foster Family Home Physical Environment

[17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

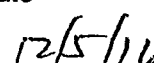
48(a)(5)-Home's fire extinguisher is inoperable and indicator shows it is not charged.

Compliance Manager



Primary Care Giver

Date



Date

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CORRECTIVE ACTION PLAN

1/5/2017

7.1(a)(1)-SCG#5 is missing 2nd fingerprinting in binder.

SCG #5 completed 2nd fingerprinting and filed in caregiver binder.

Provider will keep a tracking log with due dates and calendar reminders of fingerprinting due dates for all caregivers.

7.1(a)(2)-SCG#5's APS/CAN was due on or before 11/17/16 and was done on 11/29/16.

Provider will keep a calendar of all SCG and HHMs APS/CAN due dates and have post-it reminders on my refrigerator.

48.3(P)(b)(1) & 45.3(P)(b)(5) -Foster home did not do & is missing documentation of 2/16 and 10/16 fire drill.

The home shall write calendar reminders to conduct and maintain record of unannounced fire drills every month.

48.(a)(5)-Home's fire extinguisher is inoperable and indicator shows it is not charged.

The provider has fully operable 3-fire extinguisher in home and will check all extinguishers annually to make certain they are charged properly.

1/5/2017

Ligaya Badua

917 Hani Lane

Honolulu, HI 96819

