

# Foster Family Home - Corrective Action Report

Review ID: 1-120071-5

Home Name: Sam Vadisirisak, CNA

Review ID: 1-120071-5

927-B Lolena Street

Reviewer:

Honolulu HI 96817

Begin Date: 11/25/2016

End Date: 12/20/2016

## Foster Family Home - Required Certificate (17-14516)

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

Comment:

6 (d)(1) Home visit made on 11/25/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/25/2016.

6 (d)(1) see applicable sections of this review.

## Foster Family Home - Insurance Requirements (17-14519)

49.(a)(1) General;

Comment:

49.(a)(1) CG#2 Liability Insurance not present in the home.

Compliance Manager

*Sam S. Vadisirisak*

Primary Care Giver

Date

*11/26/16*

Date

**12/17/2016 Written Plan Of Correction:**

**To remain in compliance with the regulation 49.1 (a)(1):**

**On December 1, 2016, the CG#2's name has been added to the Liability Insurance list of substitute care givers.**

**To prevent this issue from happening again, CG1 , CCFFH Operator, needs to update or add the name of a new substitute to the list of substitute care givers, with the Liability Insurance company policy as soon as possible, when there is any changes occurred.**

**Sam Vadisirisak**

*Sam Vadisirisak 12/17/2016*

**927 B Lolena st**

**Honolulu, HI 967817**