

Foster Family Home - Corrective Action Report

Provider ID: 1-561490

Home Name: Liberty Lagpacan, CNA

Review ID: 1-561490-4

92-848 Kohupono Street

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 7/3/2017

End Date: 7/9/2017

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 7/3/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/3/2017.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(8) Lapsed on Blood borne pathogen due on/before 1/12/2017 - was done on 1/13/2017 for CG#1 and CG##2.


Compliance Manager


Primary Care Giver


Date


Date

WRITTEN PLAN OF CORRECTION

7/3/17

41.(b)(8) CG#1 and CG#2 will not Lapsed on Blood borne pathogen again in the Future.

Prevention Plan:

The home revised the requirement list to renew before expiration date.

Liberty R. Laprean

92-848 Kohupond St Kapolei HI 96707