Foster Family Home - Corrective Action Report

Provider ID:

1-120038

Home Name:

Chun Hee Kratzke, CNA

Review ID:

1-120038-7

1031 Ala Kapua Place

Reviewer:

David Ayling

Honolulu

96818

Begin Date:

9/12/2017

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 9/12/17. Corrective Action Report issued during home visit with all items due to CTA by 10/12/17.

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) - No current eCrim for CG #2. Expired on 6/26/17.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification. Expired on 8/28/16.

Compliance Manager

Primary Care Giver

9/12/2017 19:29 PM

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OHANA Foster Care Home

1034 Ala Kapua Place

Honolulu, Hawaii 96818

Date: 09/12/2017

Chun Hee Kratze, CNA Administrator

Corrective Actions:

7.1 (a) (1) – I Have obtained a current e crime from Substitute Care Giver #2, Phung Sun Choe and placed it in my CTA Binder . ab+ai Med 9 / 14/17

4.1.(b) (8) I have obtained a current OSHA's Blood Borne pathogen certificates and in services for SCG #2, P. S. Choe and placed it in my CTA Binder as of 9/13/2017

Preventive Actions:

I have listed all the important items with expiration dates (TB screening or TB test , APS screening and ECRIME, in-services) for all our care givers, PCG and SCGs in front of my CTA binder . I will review it monthly to make sure all are up to date and renewed on a timely manner.

Thank you.

Respectfully submitted,

Chun Hee Kratze, CNA,

Date

9/14/2017