

Foster Family Home - Corrective Action Report

Provider ID: 1-100006

Home Name: Sara Choi, CNA

Review ID: 1-100006-5

92-1135 Makamai Loop

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 8/17/2017

End Date: 9/20/2017

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 8/17/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/17/2017.

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

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapse on TB Clearance due on/before 5/5/16 - was done 10/5/16 for CG#6.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(3) A current Licensed Practical Nurse license plus one year of experience in a home setting. If the license is expiring within the next 30 days, evidence of a new license must be provided, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, or;

Comment:

41.(3P)(a)(3) Job Experience not present in the home for CG#1 and CG#2.

SCH.
Compliance Manager

Sara Choi
Primary Care Giver

8/17/2017
Date

8-17-17
Date

Written Plan Of Correction

DATE: 08/ 20/ 2017

4.1(b) (7) CG#6 1 will not Lapse on TB clearance in the future.

Correction Plan ; G#1 will use a calendar to remind CG #6 to renew T.B Clearance before it expires.

4.1 (3P) (a) (3) CG #1 finished Job experience form on 08/19/2017, and CG#2 on 08/19/2017.

Correction Plan: The Job experience from are both finished 08/9/2017 and are kept in the Home binder at all times.

SARA CHOI 08/20 /2017

Sara Choi
92-1135 Makamai Loop
Kapolei HI 96707