

# Foster Family Home - Corrective Action Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-4

94-478 Kalukalu Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 10/3/2017

End Date: 11/6/2017

## 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 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/3/2017.

## 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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) Document for Adult Protective Service/Child Abuse Neglect (APS/CAN) and fingerprinting/eCrim not present in the home for HHM#3.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) Confidentiality training document not present in the home for CG#2, CG#3, HHM#1, HHM#2, and HHM#3.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) Lapsed in TB clearance due on/before 5/21/16 was done on 4/4/17 for CG#1, due on/before 8/27/16 was done on 1/3/17 for CG#2, and due on/before 2/3/16 was done on 2/21/17 for CG#3.

41.(b)(8) Lapsed on CPR due on/before 4/6/16 was done on 4/25/16 for CG#3.

41.(f)(1) HHM#1 last TB clearance was done on 9/30/15, HHM#2 was done 6/29/15, and HHM#1, HHM#2, and HHM#3 current TB clearance not present in the home.

# Foster Family Home - Corrective Action Report

Foster Family Home


Fire Safety

[17-1454-45]

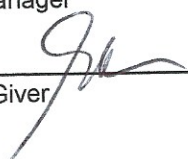
- 45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) Night fire drill documentation not present in the home.

  
\_\_\_\_\_  
Compliance Manager

10/3/2017  
Date

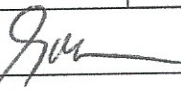
  
\_\_\_\_\_  
Primary Care Giver

10/3/17  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: EFGENI KOH PCG  
 CCFFH Address: 94-478 Kalukalu Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1. (a) 1, 2	APS/CAN and fingerprint done for HM#3 and place on the binder	10/17/17	Keep on record at all updated time
13.1. (b) (5)	Confidentiality training done for CG#2, CG#3, HHM#1, HHM#2, and HHM#3, and signed the form, placed it to binder	10/10/17	All caregivers and household members will receive this training upon the day that they were added to the home
41. (b) (7)	Lapsed in TB clearance for CG #1, CG#2, and CG#3. Cannot be corrected.	10/3/17	Will be keep updated and will use calendar and phone to input all due dates to avoid any future lapses.
41. (b) (8)	Lapsed on CPR for CG#3. Cannot be corrected	10/3/17	Will make sure to obtain CPR class on or before expiration, and will use calendar or laptop to input the due dates to set CPR class before it expires.
41. (f) (1)	TB clearance was obtained for HHM #1, 2 and 3, and placed it into the binder.	10/12/17	Will make time frame to update the requirements for at least 2 months before they expire so that they can get done before due dates.
45. (b) (2)	Fire drill was done at night. Form has been put into binder.	10/20/17	Will make sure to conduct unannounced fire drill at day, evening, and night, every month.

Primary Caregiver's Signature: 

Print Name: EFGENI KOH

Date of Signature: 10/29/17