

Foster Family Home - Corrective Action Report

Provider ID: 1-562852

Home Name: Marilyn Basuel, CNA

Review ID: 1-562852-5

94-1001 Waiolina Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 10/12/2017

End Date: 12/9/2017

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 for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/12/2017.

Foster Family Home

Personnel and Staffing

[17-1454-41]

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

Comment:

41.(f)(1) Lapsed on TB clearance due on/before 9/4/15 was done 12/2/16 for HHM# 4.

Foster Family Home

Records

[17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Service Plan was done in Feb 2017 and no current Service Plan present in the home for Client #1 and Client #3.

SLO
Compliance Manager

Marilyn Basuel
Primary Care Giver

12/12/2017
Date

10/12/2017
Date

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

CCFFH Name: Marilyn Basuel

CCFFH Address: 94-1001 Waiolina St. Waiapu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(d)(1)	Lapse can't be corrected	10/19/2017	Home understands the TB Clearance requirement Home will use to input all due dates to prevent any future lapses
52(c)(2)	Service Plan ^{Mail} File by CM, CRN Client (1) and Client (2)	10/19/2017 Client (1) 10/23/2017 Client (2)	Home will notify client's CMA CRN to update the service plan. Caregiver being added to the home. Home has developed a calendar in front of the binder.

Primary Caregiver's Signature: Marilyn Basuel

Print Name: Marilyn Basuel

Date of Signature: 10/22/2017