

Foster Family Home - Corrective Action Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

94-109 Poluhi Way

Waipahu

HI 96797

Review ID: 1-170016-2

Reviewer: Sue Lo

Begin Date: 2/8/2018

End Date: 2/28/2018

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 3/08/2018.

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) TB Clearance Screening done on 6/21/17 with no proof of positive/negative TB skin test results/X-RAY present in the home for CG#3.

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:

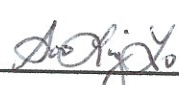
45.(a) Documentation for Night time fire drill not present in the home.

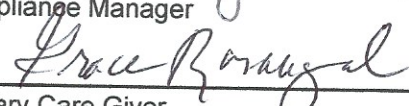
Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) Client #1 Account Record not present in the home.


Compliance Manager


Primary Care Giver

2/8/2018
Date

2/8/18
Date

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

CCFFH Name: GRACE C. RARANGOL

CCFFH Address: 94-109 POLUHI WAY, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	CG #3 provided proof of positive/negative skin test on 2/11/18.	2/11/18	Result of positive/negative skin tests is kept in binder at all times.
45.(a)	PCG conducted night fire drill at 9:00pm on 2/10/18	2/10/18	Home will conduct unannounced fire drill at different time of the day evening, and night monthly.
47.(a)	Client #1 Account Record completed on 2/18/18 by family to take care of client's finances.	2/18/18	The home will maintain all client's account record and file in respective binders at all times.

Primary Caregiver's Signature: Grace C. RarangolPrint Name: GRACE C. RARANGOLDate of Signature: 2/22/18