

Foster Family Home - Corrective Action Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-4

94-344 Lehopulu Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 1/9/2018

End Date: 1/16/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/09/2018.

Foster Family Home Background Checks [17-1454-7.1]

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)(2) Lapsed on Adult Protective Services/Child Abuse Neglect checks due on/before 4/1/16 was done on 4/11/16 for CG#1 and HHM#2.

Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Documentation for 2017 fire drill not present in the home for CG#3.



Compliance Manager

1/9/2018
Date



Primary Care Giver

1/9/2018
Date

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

CCFFH Name: JANE CUTARAN

CCFFH Address: 94-344 LEHOPIUM STREET WAIKAPU, HAWAII, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	Lopie cannot be fixed.	1/9/2018	Background check is very important to the home + The PCG will update the requirements 2 week earlier of the due date.
45(b)(2)	CG #3 complete fire drill	1/9/2018	Every year the ^{PCG} trained staff SLG that performs fire drill. So every SLG ^s will conduct fire drill atleast once a year.

Primary Caregiver's Signature: _____ 

Print Name: JANE CUTARAN

Date of Signature: 1/10/2018