

Foster Family Home - Corrective Action Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

Review ID: 1-100002-4

1154 Iomea Place

Reviewer: Sue Lo

Wahiawa hi 96786

Begin Date: 1/22/2018

End Date: 1/30/2018

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 2/22/2018.

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) Lapse on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 3/7/16 was done on 3/9/18 for CG#2,#3,#4 and HHM#1.

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 last done on 6/15/2016 and no current TB Clearance 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.

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

Comment:

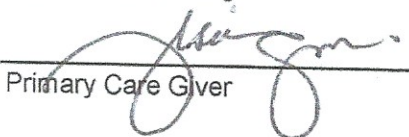
45.(a) Unannounced fire drill documentation for night time not present in the home.

45.(b)(2) Documentation of unannounced fire drill conducted by CG#3 and CG#4 not present in the home.



Compliance Manager

1/22/2018
Date



Primary Care Giver

1/22/18
Date

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

CCFFH Name: Janet L. Sugi
 CCFFH Address: 1154 Iouea Place Wahiawa Hi 96786

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--------------------------------------|----------------|---|
| 7.1.(a)(2) | Lapse cannot fix. | 1/26/2018 | I understand the background check requirements. I will use calendar on iphone to input all due dates to prevent any future lapses. |
| 41.b.7 | CG# 3 Completed T.B. clearance done. | 1/26/2018 | Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due. |
| 45.(a) | Fire Drill done at night. | 1/22/2018 | 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. |

Primary Caregiver's Signature: _____

J. Sugi

Print Name: Janet Sugi

Date of Signature: 1/26/2018

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| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 45. b. 2 | Fire drill conducted by CG #3. Form has been put into home binder. | 1/22/18 | PCG trained all the caregivers who work for this home on how to conduct a Fire drills in different times of the day. CG #4 will be trained for Fire drills next month February 2018. |

Primary Caregiver's Signature: 

Print Name: Janet L. Sugui

Date of Signature: 1/26/2018