

Foster Family Home - Corrective Action Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-4

15-1588 31st Avenue

Reviewer: Carol Copeland

Keaau

HI 96749

Begin Date: 1/24/2018

End Date: 1-25-18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action report issued with plan of correction due to CTA by 2/24/18.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

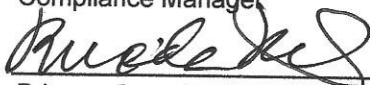
41.(c) No annual training in home binder for care giver # 3.



Compliance Manager

1-24-18

Date



Primary Care Giver

1/24/18

Date

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

CCFFH Name: Rueda Ramos

CCFFH Address: 15-1588 31st Ave Keaan, HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(c)	my substitute had her annual in-service but it wasn't in my binder. so I have put a copy in my binder.	1/24/18	I will, put sticky note on my binder, my I-phone, calender to make sure I have all the required documents.

Primary Caregiver's Signature: Rueda Ramos

Print Name: Rueda Ramos

Date of Signature: 1/24/18