

Foster Family Home - Corrective Action Report

Provider ID: 1-563587

Home Name: Socorro Cardona, CNA

Review ID: 1-563587-4

91-933 Hanakahi Street

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 1/16/2018

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 2/15/2018.

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) Lapsed on TB Clearance due on/before 9/5/16 was done on 5/18/17 for CG#2.

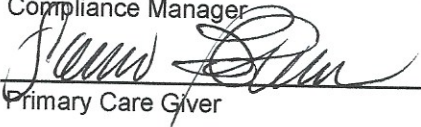
Foster Family Home Fire Safety [17-1454-45]

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 fire drill not present in the home for #3.


Compliance Manager


Primary Care Giver

1/16/2018
Date

1, 16, 2018
Date

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

CCFFH Name: SOCORRO B. CARDONA
 CCFFH Address: 91-933 HANAKAHI ST.
EDWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(B)(1)	LAPSED I CAN NOT DO ANYTHING TO CORRECT.	JAN 16, 2018	I WILL USE THE CALENDAR TO REMIND CG # 2 TO RENEW TB CLEARANCE BEFORE DUE DATE BECAUSE TB CLEARANCE IS VERY IMPORTANT.
43(B)(2)	CG # 3 CONDUCTED FIRE DRILL	JAN 20 2018	I WILL TRAIN ALL MY CAREGIVERS TO CONDUCT FIRE DRILLS AT LEAST ONCE A YEAR

Primary Caregiver's Signature: _____

Print Name: SOCORRO B. CARDONA

Date of Signature: JAN 20, 2018