

Foster Family Home - Corrective Action Report

Provider ID: 1-582917

Home Name: Gloria Sablay, CNA

Review ID: 1-582917-4

94-1038 Pupuhi Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 4/2/2018

End Date: 4/3/2018

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 5/2/2018.

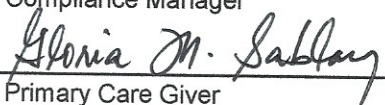
Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapsed in TB clearance due on/before 6/6/17 done was on 7/25/17 for CG#3.



Compliance Manager


Primary Care Giver

4/2/2018
Date

4/2/2018
Date

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

CCFFH Name: Gloria M. Sablay
 CCFFH Address: 94-1038 Pupuh Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.6)(7)	Lapsed cannot be corrected	4/3/2018	PCG understand TB clearance to be renew every year and use computer calendar set for renewals before due date. PCG also remind SCG to have TB test 1 month before due date. Home will printout spreadsheet for all the requirements and posted to the refrigerator and check every month.

Primary Caregiver's Signature: Gloria M. Sablay
 Print Name: Gloria Sablay Date of Signature: 4/3/18