

Foster Family Home - Corrective Action Report

Provider ID: 1-090107

Home Name: Thelma Tugaoen, CNA

Review ID: 1-090107-7

91-1515 Pihi Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 2/14/2018

End Date: 3/14/2018

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 3/14/2018.

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1) Second set of Fingerprinting not present in the home for CG#4.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 6/12/17 was done on 7/11/17 for CG#3.

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


41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) TB clearance expired on 3/25/17 and no 2017 and 2018 TB Clearance done for HHM#2.

41.(b)(8) Lapsed on first aid training due on/before 2/24/16 was done on 2/5/17 for CG#1. Lapsed on CPR due on/before 6/1/17 was done on 8/7/17 and first aid training due on/before 5/10/17 was done on 2/7/18 for CG#3.


Compliance Manager


Date


Primary Care Giver


Date

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

CCFFH Name: THEMA TUGAODN

CCFFH Address: 91515 PIHI ST. EWA BEACH HI. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2) 41.(b)(8)	lapsed cannot re-done.	2/14/18	PCG understand the important of background check, First Aid, CPR. PCG will use a calendar hanging on the kitchen wall to put all requirements before due date. PCG will check the calendar every month.
7.1(a)(1)	CG no. 4 completed Fingerprinting	7/3/2017	Second Set Fingerprinting Filed in the Home Binder at all times.
41(F)	HIM #2 Completed TB clearance	1/29/2018	PCG understand the important of background TB clearance. PCG will use the calendar on the wall in the kitchen to make sure to renew the TB clearance every year by checking the calendar every month.

Primary Caregiver's Signature: 

Print Name: THEMA TUGAODN

Date of Signature: 3/18/2018