

Foster Family Home - Corrective Action Report

Provider ID: 1-160021

Home Name: Yeunsil Park, CNA

Review ID: 1-160021-5

98-356 Puaaill Street

Reviewer: Sue Lo

Aiea

HI 96701

Begin Date: 3/1/2018

End Date: 3/16/2018

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 4/01/2018

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 to conduct unannounced fire drill not present in the home for CG#2 and CG#3 during 2017.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;


Comment:

49.(a)(1) Liability insurance not present for CG#2 and #3.



Compliance Manager

3/1/2018
Date



Primary Care Giver

3/1/2018
Date

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

CCFFH Name: Yeun Sil Park

CCFFH Address: 98 - 356 Puuakii St Aiea. HZ 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.(b)(2)	Unannounced fire drill done by CG#2 and form put in home binder.	3/11/2018	PCG understands all CGs must do fire drill at least once a year. A schedule is made and put in the home binder to remind CGs to conduct fire drill. In April, CG#3 will conduct fire drill.
49.(a)(1)	CG#2 and CG#3 are added to the Liability Insurance – form put in home binder	3/13/2018	Home put a note in the PCG binder to remind insurance company to add all CGs to Liability Insurance. Home will check note in Home Binder every six months, so this will not happen again.

Primary Caregiver's Signature: 

Print Name: Yeun Sil Park

Date of Signature: 3/14/18