

Foster Family Home - Corrective Action Report

Provider ID: 1-160048

Home Name: Gilbert Julian Jr, RN

Review ID: 1-160048-4

92-526 Palailai St.

Reviewer: Sue Lo

Kapolei

HI 96707

Begin Date: 4/12/2018

End Date: 5/10/2018

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 5/12/2018.


Foster Family Home - Personnel and Staffing

[17-1454-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and


Comment:

41.(a)(3) Job experience document for 3-client home not present for CG#3 and CG#4.



Compliance Manager

4/12/2018
Date

x 

Primary Care Giver

4/12/18
Date

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

CCFFH Name: Gilbert Julian Jr
 CCFFH Address: 92-526 Palakai St
Kapolei HI 96767

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(a)(3)	Job experience form completed by CG #3 and CG #4 and forms found in home record.	4/12/18	- CCFFH have understood the importance of the requirements of having complete documentation for care givers. - This CCFFH will comply and require any existing or further SCGs to have job experience forms completed for all 3 client names.

Primary Caregiver's Signature: 

Print Name: Gilbert Julian Jr

Date of Signature: 5/10/18