

Foster Family Home - Corrective Action Report

Provider ID: 1-170011

Home Name: Jerry Nacion Jr., CNA

Review ID: 1-170011-2

99-104 Puakala St.

Reviewer: Sue Lo

Aiea HI 96701

Begin Date: 5/7/2018

End Date: 5/9/2018

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 6/7/2018.

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:

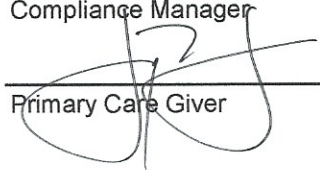
41.(b)(7) Lapsed on TB Clearance due on/before 10/12/17 was done on 11/9/17 for CG#2 and due on/before 2/27/18 was done on 3/1/18 for CG#3.



Compliance Manager

5/7/2018

Date



Primary Care Giver

5/7/2018

Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction for Deficiencies

Listed in Corrective Action Report

Chapter 17-1454

CCFFH Name: JERRY G. LACION JR.

CCFFH Address: 99-104 PUKALA ST. AIEA, HI 96701

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--------------------------|----------------|---|
| 41.(b)(7) | LAPSE CANNOT BE ALTERED. | 5/7/2018 | HOME UNDERSTANDS THAT TB CLEARANCE IS DUE BEFORE DUE DATE. HOME WILL USE A REMINDER RECORD FOR ALL CARE-GIVETS AND MAKE SURE ALL CAREGIVERS WILL BE REMINDED AT LEAST TWO MONTHS BEFORE ITS DUE, TO PREVENT ANY FUTURE LAPSES. REMINDER RECORD IS SAVED IN MY COMPUTER AND CALENDAR AND WILL BE CHECKED ONCE A MONTH. |

Primary Caregiver's Signature: _____

Print Name: JERRY LACION JR.

Date of Signature: 5/7/2018