

Foster Family Home - Corrective Action Report

Provider ID: 1-561391

Home Name: Susan Intong, CNA

Review ID: 1-561391-6

91-750 Oneula Place

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 5/1/2018

End Date: 5/6/2018

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 6/01/2018.

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

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 lapsed due on/before 5/7/17 was done on 5/10/17 for HHM#3.

Foster Family Home Fire Safety [17-1454-45]


45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

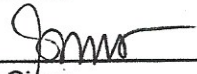
Comment:

45.(a) Documentation for night unannounced fire drill not present in the home.

45.(b)(2) Documentation for conducting fire drill not present for CG#3 and CG#4.



Compliance Manager



Primary Care Giver

5/1/2018

Date

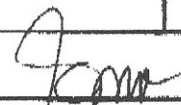
5/1/2018

Date

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

CCFFH Name: Susan J. Intong
 CCFFH Address: 91-750 Oneula Pl. Ewa Beach Hi. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (f)	TB clearance lapsed cannot be corrected.	5/01/18	<p>Home understand that TB clearance is done every year before due date.</p> <p>Home has a reminder log for all CTA requirements as to renew all requirements two weeks before due date.</p> <p>Reminder Log is posted on the refrigerator and check every month by PCG.</p>

Primary Caregiver's Signature: 

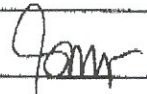
Print Name: SUSAN J. INTONG

Date of Signature: 5/3/2018

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

CCFFH Name: SUSAN J. Intong
 CCFFH Address: 91-750 Oneula Pl. Ewa Beach Hi. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.(a) and 45.(b)(2)	CCG #3 conducted night fire drill. Form place in binder.	May 3/18	Home understand the importance of unannounced fire drill day, evening and nights. Home will train CCG to conduct. Fire drill next month in June for CCG # 4 will be train unannounced fire drill.

Primary Caregiver's Signature: 

Print Name: SUSAN INTONG

Date of Signature: 5/3/2018