

Foster Family Home - Corrective Action Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-3

37 Cypress Ave, #37A

Reviewer: Sue Lo

Wahiawa

HI 96786

Begin Date: 4/10/2018

End Date: 5/4/2018

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 5/10/2018.

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) Screening done on 6/16/17 and no proof of positive/negative TB Skin Test (TST) results for CG#4.

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 and training not present in the home for CG#2, CG#3, CG#4.



Compliance Manager

4/9/2018
Date



Primary Care Giver

4/10/2018
Date

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

CCFFH Name: **Virgie M. Garo**

CCFFH Address: **37A Cypress Ave. Wahiawa, HI 96786**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Proof of positive skin test obtain by SCG #4 document filed	05/06/1992	Proof of positive skin test, placed in home binder and will not be removed out of the binder.
45 (b)(2)	SCG #2 trained to conduct fire drill.	04/10/2018	Home will train all SCG's how to conduct fire drill, starting with SCG #2 this month, April. The following months, SCG #3, #4, and #5, will conduct fire drills at least once a year.

Primary Caregiver's Signature: 

Print Name: Virgie M. Garo

Date of Signature: 04/20/2018