

Foster Family Home - Corrective Action Report

Provider ID: 1-160037

Home Name: Naomi Isnec, NA Review ID: 1-160037-3
84-738 Farrington Hwy Reviewer: Sue Lo
Waianae HI 96792 Begin Date: 4/16/2018 End Date: 7/3/18

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 5/16/2018.

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


41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) TB Clearance last done on 9/30/16 no 2017 present in the home for CG#2.

41.(b)(8) Lapsed on CPR due on/before 2/17/17 was done on 2/25/17 and lapsed on first aid due on/before 2/17/17 was done on 4/5/17 for CG#1.



Compliance Manager

4/16/18
Date



Primary Care Giver

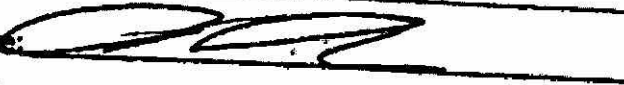
4-16-18
Date

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

CCFFH Name: Naomi Isnel

CCFFH Address: 84-738 Farrington Hwy Waianae HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	TB clearance for CG#2 done on 4/25/18 and copy of TB clearance obtain on.		CG#1 will work with CG#2 on reminding CG and having calendar posted on bulletin board for requirements before due dates. Home will check every month.
41.(b)(8)	Lapse can not go back.	4/16/18	Home will use a calendar to place all important due dates. Will check calendar every month. Home understand that CPR and first aid are to renew every two year to prevent lapse in the future.

Primary Caregiver's Signature: 

Print Name: Naomi Isnel

Date of Signature: 5/11/18