## Foster Family Home - Corrective Action Report

**Provider ID:** 1-180069  
**Home Name:** Almira Shibata, NA  
**Review ID:** 1-180069-1  
**Reviewer:** Lori O'Keefe  
**Begin Date:** 10/12/2018  
**End Date:** 11/14/18

**Foster Family Home**  
**Required Certificate** [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and  
Comment:

New home inspection done today with a corrective action report issued. Corrective action plan is due back to CTA by 11/12/18

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and  
Comment:

41.(f)(1)- HHM #1 lacks TB clearance.

**Foster Family Home**  
**Quality Assurance** [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:  
Comment:

48.1.(a) Home lacks completed emergency preparedness plan/training to CG's and signature acknowledgement.

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**Compliance Manager**  
Lori O'Keefe, RN  
Date: 10/12/18

**Primary Care Giver**  
Date: 10/12/18

10/13/2018 0:50 AM
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Almira Shibata
CCFFH Address: 94-462 Hanau Street Waipahu, Hi 96797

<table>
<thead>
<tr>
<th>Rule Number</th>
<th>Corrective Action Taken</th>
<th>Date Corrected</th>
<th>Prevention Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>41(F)(1)</td>
<td>TB Clearance was obtained for household member #1 - It was placed into home record.</td>
<td>11-12-18</td>
<td>Home will use a spreadsheet to identify when requirements are due 2 months before they expire to allow time to get them due before they expire.</td>
</tr>
<tr>
<td>43.1(b)</td>
<td>Emergency Preparedness training signatures obtained and placed into administrative binder</td>
<td>11-12-18</td>
<td>Home will review emergency plan with all new caregivers added to home.</td>
</tr>
</tbody>
</table>

Primary Caregiver's Signature: Almira Shibata
Print Name: Almira Shibata  Date of Signature: 11-12-18