

Foster Family Home – Corrective Action Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-5

976 Hanau Street

Reviewer: Sue Lo

Wahiawa

HI 96786

Begin Date: 8/24/2017

End Date: 9/6/2017

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

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

Comment:

Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/24/2017

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) CG#2 lapsed on TB clearance due 2/11/17 and was done 3/25/17.

Foster Family Home Records [17-1454-52]

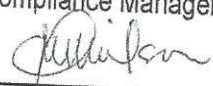
52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

53.(c)(2) Service Plan not present in the home for Client#3.



Compliance Manager



Primary Care Giver

8/24/17
Date

8/24/17
Date

Date

Written Plan of Correction

09/06/17


Cristina M. Wilson
976 Hanau St.
Wahiawa HI: 96786

41.(b)(1) CG # 2 lapsed on TB clearance due 2/1/17 and was done 3/25/17.

Corrective Action Plan: CG # 2 TB clearance was lapsed and cannot be fixed but next time CG # 1 will remind CG # 2 to update TB clearance before due date by using calendar.

52.(c)(2). Service Plan not present in the home for client # 3.
Corrective Action Plan: CM RN gave CG # 1 the service plan on Sept 1, 2017.

Prevention Plan: CG # 1 will work w/ CM RN to make sure all the documents are present in the home's client's binder.


Cristina M. Wilson 9/6/17