

Foster Family Home - Corrective Action Report

Provider ID: 1-120022

Home Name: Jinalyn Bulosan, CNA

Review ID: 1-120022-7

91-804 Apoke Place

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 11/7/2017

End Date: 1/8/2018

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 12/7/2017.

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) Lapse on TB clearance due on/before 11/4/16 was done 11/6/17 for CG#1. TB clearance last done on 1/20/16 and no current present in the home for CG#5.



Compliance Manager

11/7/2017
Date



Primary Care Giver

11/7/17
Date

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

CCFFH Name: Jinalyn Bulosan
 CCFFH Address: 91-804 Apoke Place, Ewa Beach, Hi 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	Lapse cannot be corrected. Removed CG#5 on 1/4/2018 because of noncompliance.	11/7/2017 1/4/2018	Home understands the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses. In the future, PCG will carefully interview SCGs before hiring, more reliable CGs and able to meet all requirements such as TB clearance, background check etc.

Primary Caregiver's Signature: 

Print Name: Jinalyn Bulosan

Date of Signature: 1/4/2018