

Foster Family Home - Corrective Action Report

Provider ID: 1-130005

Home Name: Redentor Rous, CNA

Review ID: 1-130005-5

91-829 Kimopelekane Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 3/9/2017

End Date: 3/20/17

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/9/17. Corrective Action Report issued during home visit with all items due to CTA by 4/9/17.

6.(d)(1) - see applicable sections of the review

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) - No current TB clearance for HHM #3.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) - No proof of current general liability insurance(expired 11/30/16).

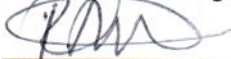
Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - New medication for Client #1 needs to be added to MAR by CMA #1(CG #1 hand wrote medication this month's MAR).

Compliance Manager



Primary Care Giver

Date

3/9/17

Date

41.(f)(i) = I obtained the current TB clearance for H/M #3 and placed it in my CTA binder on 3/17/17

49.(a)(i) = I received my general liability insurance from my insurance company and I have placed it in my CTA binder on 3/17/17

= I have made a list of all the CTA items that will expire and placed in the front of my CTA binder, will review monthly

52.(c)(5) = I have received a new MAB from CMA #1 for client #1 with the new medication typed on it. I will call the CMA anytime I rec'd a MAB that doesn't have all current medication on it.

 3/19/17