

Foster Family Home - Corrective Action Report

Provider ID: 1-562125

Home Name: Josette Falle, CNA

Review ID: 1-562125-5

94-1157 Awaiki Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/23/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home visit for a 2 person new CCFFH certification review made on 1/23/19. Corrective Action Report issued during home visit with all items due to CTA by 2/23/19.

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

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4) - No disclosure form in home binder for CG#3


41.(b)(7) - TB clearance form present dated 8/16/2018 for CG#3, no copy of chest x-ray in home binder.

Foster Family Home Quality Assurance [11-800-50]

50.(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:

50.(a) - No emergency preparedness plan present in home binder.



Compliance Manager



Primary Care Giver

1/23/19
Date

1/23/19
Date

