

Foster Family Home - Corrective Action Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

Review ID: 1-569676-8

2730 Kalihi Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 12/17/2020

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 1/16/2020

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

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

Comment:

41.(b)(7)
cg#3 AND CG#4 TB Expired January 2020. No new TB on record for either.



Compliance Manager



Primary Care Giver

12/17/2020

Date

12/17/2020

Date

TA RN Compliance Manager: TERRI VAN HOUTEN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Jedediah S. Felix

(PLEASE PRINT)

CCFFH Address: 2730 Kaliki St. Honolulu, Hawaii 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
A1.b.7	2020 TB clearance was obtained for CG #3 and CG #4. It was placed into home record.	12/22/20 AND 12/23/20	1) Use laptop to identify when mgt's are due to prevent them from expiring. 2) Use calendar to write down the dates all CG's TB clearance that will expire and that way I can easily remember and can easily review as well. 3) Tell each CG that their TB clearance will soon be expire, that way it will prevent from expiring.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 12-23-20

CTA has reviewed all corrected items