

Foster Family Home - Corrective Action Report

Provider ID: 4-140031

Home Name: Zenaida Palacio-Lazaro, RN

Review ID: 4-140031-3

357 Kenolio Road

Reviewer: [REDACTED]

Kihei HI 96753

Begin Date: 6/25/2015

End Date: 10/20/15

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.1. No second or 2015 fingerprint found for both caregivers. CG #1 done 3/20/14 and CG #2 done 7/26/14.

7.1.a.2. No 2015 APS/CAN check found for both caregivers. CG #1 done 3/20/14 and second APS/CAN check due 3/20/15.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5. No confidentiality/privacy right training for all caregivers.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.5. No auto insurance found from 10/25/14-4/25/15 in file.

41.b.8. Bloodborne Pathogen training lapsed for CG #1. CG #1 done 6/25/15 and due 6/4/15.

41.c. No annual training found for CG #2.

Foster Family Home - Corrective Action Report

Foster Family Home Physical Environment [17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.e. No smoking policy found in file.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(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:

48.1.a. No emergency preparedness plan found in home.

Note: Home voluntarily closed 10/20/15. CCFFH
did not sign this report.  RW



Compliance Manager

6/25/15.

Date

Primary Care Giver

Date