

# Foster Family Home - Corrective Action Report

Provider ID: 1-563248

Home Name: Beatriz Rivera, CNA

Review ID: 1-563248-3

34-959 Kuakahi Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/10/2015

End Date:

8/12/15

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## 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 2 person recertification review made on 7/10/15 and a change from 2 to 3 client home. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/10/15.

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

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

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)(2) CG#1 APS/CAN due on or before 03/28/14 completed on 07/08/2015.

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

13.1.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

13.1.(b)(1) No confidentiality/ privacy training for CG'S#1,2,3,4,5

# Foster Family Home - Corrective Action Report

Foster Family Home

Personnel and Staffing

[17-1454-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 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.(a)(3) No SCG experience forms for CG's#2,3,4,5  
41.(b)(7) No 2014 TB record for CG#1,2,3, and 4  
41.(b)(8) CPR lapse for CG#2 from dates 05/26/13-06/05/15, CPR lapse for CG#3 from dates 03/20/14-02/11/15; CPR lapse for CG#4 from dates 07/23/13-06/05/15  
41.(b)(8) First Aid lapse for CG#1 from dates 05/26/14-06/25/14; First Aid lapse for CG#3 from dates 08/15/13-current; First Aid lapse for CG#4 from dates 07/23/13-06/05/15.  
41.(b)(8) Blood born pathogens for CG#2 missing from dates 07/23/2013-06/05/2015; Blood born pathogens for CG#4 missing from dates 01/29/2015-06/05/2015  
41.(c) No annual inservice hours for CG#2 for years 2013, and 2014; No annual inservice hours for CG#3 for years 2014

Please see attached files

Compliance Manager

Primary Care Giver

Date

Date

## CORRECTIVE ACTION

### 17-1454-7.1 Background Checks

7.1(a) (2) CG#1 - APS/CAN - I missed to secure before the due date 03/28/14. From now I will comply with my UPDATE plan and make sure I will renew at least 30 days prior to the expiration date.

### 17-1754-13.1 Information Confidentiality

13.1. (b)(1) . Confidentiality/privacy training for CG #1, CG #2, CG #3, and CG #4 and CG #5 were all completed July 12, 2015.

Whenever new caregiver added, I make sure she or he has to have proper confidentiality and privacy training.

### 17-1454-41 Personnel and Staffing

1. (a) (3)

CG#1 certified the following caregivers; CG#2 as a secondary caregiver and has been approved since August 15, 2005. CG#3 has been approved as a secondary caregiver since February 04, 2008. CG#4 has been approved as a secondary caregiver since August 15, 2007. CG#5 has been approved as a secondary caregiver since April 28, 2014. All have more than a year of in home experience. Job experience has been completed as of July 13, 2015.

1. (b) (7) I missed to secure TB clearance on 2014 for CG#1, CG# 2, CG#3 and CG#4. All 2015 are completed. From now on I will follow my UPDATE PLAN.

1.(b)(8) I missed CPR lapse dates for CG#2,CG# 3 and CG# 4. All 2015 are completed. From now on I will follow my UPDATE PLAN.

1.(b)(8) I missed First Aid lapse dates for CG#1,CG# 3 and CG# 4. All 2015 are completed. From now on I will follow my UPDATE PLAN.

1.(b)(8) I missed Bloodborne Pathogens lapse dates for CG#2 and CG # 4. All 2015 are completed. From now on I will follow my UPDATE PLAN.

1.(c) I missed annual in-service hours lapse dates for CG#2 and CG #3. All 2015 are completed. From now on I will follow my UPDATE PLAN.