

Foster Family Home - Corrective Action Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-3

94-227 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/18/2015

End Date: 10/30/15

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

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

Comment:

Recertification visit for 2 client home on 09/18/15. Corrective action plan issued during recertification and due on 10/18/15. See applicable sections 6.(d)(1)

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

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

Comment:

41.(b)(8)CG#1 and CG#3 lapse in CPR and First aid from dates 5/12/14-5/25/14. Current at time of recertification. CG#2 Lapse in blood born pathogens from dates 5/21/15-6/05/15, current at time of recertification

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) Client#1 no R.N delegation updates for C.G's 1,2,3,4 since 8/2014



Compliance Manager



Primary Care Giver

9/18/15
Date

Date

9/18/15

Date

Corrective Action Plan

Florante Solis

October 28, 2015

Citation 41b.8 CG#1 and CG#3 lapse CPR and First Aid, Recertification of Blood Borne Pathogens for CG #2. To prevent from happening again, I will ensure to make a chart indicating the month and date of expiration for recertification and inform substitute CG

Citation 43.c.3 client#1 RN delagation updates for CG's 1,2,3,4 since 8.20.14. Client #1 RN delegation for caregiver 1, 2, 3, and 4 was delegated by _____ on 7/20/15. In order to prevent this from happening again, I will make sure that I will present it to you on your next visit.


Florante Solis

October 28, 2015