

Foster Family Home - Corrective Action Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-4

94-412 Opeha Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/23/2015

End Date:

7/09/2015

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

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

Comment:

6.(d)(1) Home visit for a change from a 2 client to a 3 client home. Review made on 6/23/15. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/23/15.

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

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)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(5) CG#4 no valid Drivers License/ I.D

41.(b)(7) CG#3 annual T.B test due on or before 04/05/15, was completed on 05/18/15

41.(g) CG#4 no basic skills checklist

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) CG# 4 no delegation received for Client #1 or Client #2. CG#4 has not worked in CCFFH home yet.

Compliance Manager

Primary Care Giver

Date

Date

41. (b)(5) CG#4-Valid D.L Copy Obtained on 6/23/2015 (please see attachment). I will start listing all of my caregivers on a planner including me what and when documents such as DL will expire.

41.(b)(7) CG#3 I will put on calendar to prevent missing annual T.B Test before due date.

41. (g) CG#4 basic skills checklist received on 7/5/2015. Will make sure that my new caregivers receive basic skills checklist ASAP once become as my secondary caregiver.

43.(c)(3) CG#4 received delegation for client #2 for basic skills checklist on 7/5/2015. I Will have new caregivers delegated by RN case manager as soon as added as my secondary caregiver.

Jan Rosario