

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-564288  
**Home Name:** Margarita Custodio, CNA  
94-460 Piliimai Street  
Waipahu HI 96797  
**Review ID:** 1-564288-3  
**Reviewer:**  
**Begin Date:** 8/18/2015  
**End Date:** 9/13/15

## 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 8/18/15.  
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/18/15.

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

## 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) CG#2, and CG#3 State name check completed on 07/31/15 due by 07/04/15 to be in compliance. CG#4 State name check completed on 07/28/15 due by 07/15/15 to be in compliance. CG#7 State name check completed on 07/31/15 due by 05/20/15 to be in compliance.

7.1.(a)(2) CG#1, CG#2, CG#6 and CG#3 APS/CAN completed on 08/11/15 due by 02/26/14 to be in compliance. CG#4 APS/CAN completed on 08/11/15 due by 02/03/14 to be in compliance. CG#5 APS/CAN completed on 06/08/15 due by 02/26/14 to be in compliance. CG#7 APS/CAN completed on 08/11/15 due by 08/06/14 to be in compliance

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

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.(b)(7) CG#2 TB late. Completed on 11/01/14 to be in compliance should be completed by 10/09/14. CG#7 TB late. Completed on 11/03/14 to be in compliance should be completed by 09/30/14.

41.(b)(8) CG#4 First Aide lapse from dates 07/25/14-11/03/14. CG#7 Lapse in CPR and First aid from dates 05/30/15-08/01/15, and lapse in Blood born Pathogens from 08/13/14-11/03/14

41.(c) CG#8 no annual training hours for 2014

# Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

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Comment:

46.(d)(1) Client #2 No Dr order for seatbelt or side rails.

\_\_\_\_\_  
Compliance Manager

*MB Cuthbert*

\_\_\_\_\_  
Primary Care Giver

*8/8/15*  
\_\_\_\_\_  
Date

*8/18/15*  
\_\_\_\_\_  
Date

# Corrective Action Plans

Margarita B. Custodio

September 2, 2015

## 7.1.(a)(1)

Description	“Be subject to criminal history record checks in accordance with section 848-2.7, HRS;”
Comment	“CG #2 and CG #3 State name check completed on 07/31/15 due by 07/04/15.” “CG #4 State name check completed on 07/28/15 due by 07/15/15 to be in compliance.” “CG #7 State name check completed on 07/31/15 due by 05/20/15 to be in compliance.”
Corrective Action Plan	<b>Manage document expiration dates via calendar</b> – the home will utilize calendars on computers and mobile devices to set reminders for when documents and clearances need to be renewed. Physical calendars will be placed on bedroom walls and will be updated to match entries created on the app-based calendars.

## 7.1.(a)(2)

Description	“Be subject to adult protective service perpetrator checks if the individual has direct contact with a client.”
Comment	“CG #1, CG #2, CG #3, CG #6 APS/CAN completed on 08/11/15 due by 02/26/14 to be in compliance.” “CG #4 APS/CAN completed on 08/11/15 due by 07/15/15 to be in compliance.” “CG #7 APS/CAN completed on 08/11/15 due by 08/06/14 to be in compliance.”
Corrective Action Plan	<b>Manage document expiration dates via calendar</b> – the home will utilize calendars on computers and mobile devices to set reminders for when documents and clearances need to be renewed. Physical calendars will be placed on bedroom walls and will be updated to match entries created on the app-based calendars.

#### 41.(b)(7)

Description	“Have a current tuberculosis clearance that meets department of health guidelines.”
Comment	“ <b>CG #2, CG #7</b> TB Late. Completed on 11/01/14 due by 10/09/14 to be in compliance.”
Corrective Action Plan	<b>Manage document expiration dates via calendar</b> – the home will utilize calendars on computers and mobile devices to set reminders for when documents and clearances need to be renewed. Physical calendars will be placed on bedroom walls and will be updated to match entries created on the app-based calendars.

#### 41.(b)(8)

Description	“Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.”
Comment	“ <b>CG #4</b> First aide lapse from dates 07/25/14 to 11/03/14.” “ <b>CG #7</b> Lapse in CPR and First Aide from 05/30/14 to 08/01/15 and lapse in Blood Born Pathogens from 08/13/14 to 11/03/14.”
Corrective Action Plan	<b>Manage document expiration dates via calendar</b> – the home will utilize calendars on computers and mobile devices to set reminders for when documents and clearances need to be renewed. Physical calendars will be placed on bedroom walls and will be updated to match entries created on the app-based calendars.

41.(c)

Description "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 "CG #4 First aide lapse from dates 07/25/14 to 11/03/14."

Corrective Action Plan Sent CG #8 to get annual training for eight hours.

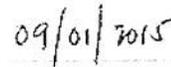
46.(d)(1)

Description "By order of a physician."

Comment "Client #2 No Dr. order for seatbelt or side rails."

Corrective Action Plan Request M.D. order for seatbelt and side rails. I will make sure I have the orders for side rails or any restrictive device before implementing the measure.

  
Margarita Custodio, PCC

  
Date