

# Foster Family Home - Corrective Action Report

Provider ID: 1-120077

Home Name: Myrna Andres, NA

91-1054 Kauiki Street

Ewa Beach

HI 96706

Review ID: 1-120077-4

Reviewer:

Begin Date: 7/6/2015

End Date: 7/31/15

## 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 change from 2 clients to 3 clients on 07/06/2015. Corrective action plan issued during visit with applicable sections due by 08/06/2015

## 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# 2,3,4 and HHM #1 has only one fingerprint on file.

7.1(a)(2) CG#3 APS/CAN check completed on 02/24/14. Needs APS/CAN check on or before 02/24/2015. CG#4 APS/CAN check completed on 02/19/14. Needs APS/CAN check on or before 02/19/2015.

## 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

Comment:

41.(a)(3) CG#2,3,and 5 need evidence of 1 year experience in CCCHF or facility to be eligible for 3 client home


41.(b)(7) CG#2, CG#4, and CG#5 no evidence of TB results for 2014

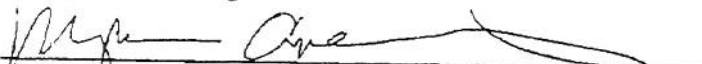
## Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(2) Reflected in the client's service plan; and

Comment:

46.(d)(2) Client #1 Dr order for seatbelt and side rails not on service plan

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

FOSTER FAMILY HOME- CORRECTIVE ACTION REPORT

Provider ID: 1-120077

HOME NAME: Myrna Andres,CNA

Review ID: 1-120077-4

91-1054 Kauiki Street  
Ewa Beach HI 96706

Reviewer:  
Begin Date: 7/6/2015 End date 8/6/2015

Foster Family Home Required Certificate (17-1454-6)

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

6.9D)(1) home visit for change from 2 clients to 3 clients on 7/6/2015. Corrective action plan issued during visit with applicable sections due by 8/6/2015

Foster Family Home Background checks (17-1454-7.1)

7.1.(a)(1) B subject to criminal history record checks in accordance with section 846-2.7.HRS;  
7-1 (a)(2) B subject to adult protective servise perpetrator checks if the individuals has direct contact with a client;and

Comment:

7-1-(a)(1)CG#2,3,4 and HHM# 1 has only one fingerprint on file

7-1-(a)(2)CG#3 APS/CAN check completed on 02/24/14. Need APS/CAN check completed on 02/19/14.Needs APSCAN check on or before 02/24/2015.

APS/CAN FINGER PRINTS FOR all the caregiver substitute and one family member has been forwarded to CTA.

For this correction plan,I will make sure all requirements remain updated in order to give a high quality service.

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 that meets department of health guidelines; and

Comment:

41-(a)(3)CG#2,3,and 5 need evidence of one year experience inCCCHF or facility to be eligible for 3 clients home

41-(b)(7) CG#2,CG#4,and CG#5 no evidence of TB results for 2014.

The Current tuberculosis clearance for all the caregivers and family member has been meets and uplated has been forwarded to CTA.for the future I will make sure all the care givers and family member remain updated in order to give a high quality service for the clients with accordance to the state laws.

FOSTER FAMILY HOME MEDICATION AND NUTRITION (17-1454-46)

46.(d)(2) Reflected in the clients service plan and

Comment:

46.(d)(2) Client #1 Dr order for seatbelt and side rails plan

Client #1 Dr order for seatbelt while in wheel chair and when in the car. The side rails up while in bed is added to the service plan for the client safety, and has been forwarded to CTA .

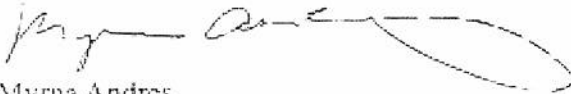
I sincerely apologize for this matter due to my last survey on 7/6/2015 in my foster home. For this entire correction plan that I would gladly hope would be better and all the requirements remains updated in order to give a high- quality service for the clients and their safety accordance to the state laws.

My Family foster Home provides a safe environment for all the clients

Thank you for your kind consideration.

If you have any question please feel free to call me at

Sincerely,

A handwritten signature in black ink, appearing to read 'Myrna Andres', with a large, sweeping flourish at the end.

Myrna Andres  
Primary Care giver  
7/22/2015