

# Foster Family Home - Corrective Action Report

Provider ID: 1-511081

Home Name: Paz Remular, RN

Review ID: 1-511081-3

94-1006 Kuakolu Place

Reviewer:

Waipahu HI 96797

Begin Date: 8/13/2015

End Date: 09/09/15

## 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 08/13/2015 with corrective action plan issued due on 09/13/2015. See applicable sections of review 6.(d)(1)

## 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 and CG#4 APS/ CAN completed on 03/05/13 and 03/04/15. To be in compliance APS/CAN needed to be completed on 03/05/14. CG#3 APS/CAN completed on 03/04/13 and 08/20/14. To be in compliance APS/ CAN should have been completed by 03/04/14

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

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

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

## 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.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(b)(7) CG#3 no 2104 TB test

41.(b)(8) CG#3 no record of blood born pathogen on file from 12/18/14-1/21/15

41.(h) Primary caregiver did not report removal of CG#2, and CG#4. Primary caregiver did not report open bed in home. Did not fill out vacancy reporting

# Foster Family Home - Corrective Action Report

Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) No fire drills performed by CG#3, and CG#4 in 2013 and 2014

Compliance Manager



Primary Care Giver

8/13/15

Date

8/13/15

Date

Corrective Action Plan

Paz Remular.

August 20,2015

7.1 (a)(2) CG # 3 and 4. APS/CAN up to date. Put on calendar 30 days before its due.

13.1 (b)(5) CG # 1, 3, and 4. Confidentiality training done. Will have all new caregiver sign upon  
here.

41. (b) (7) CG #3. TB clearance received current May 07, 2014. The home will utilize a calendar,  
a computer program to keep track when personnel requirement are due to  
renew before expiring in the future. A copy of TB clearance for CG #3 on file.

41. (b)(8) CG #3. Training for Blood Borne Pathogen, received a copy done, 12/02/2013 to  
12/02/2014 on file. The home should always keep records or list of required  
inservice, training of personnel to keep track who need to renew before expiring  
In the future.

41. (h) The home should comply requirement of reporting in deleting and adding substitute  
caregivers, vacancy and open bed in home.To prevent from happening again the  
home should fill up the necessary form of reporting right away.

45.(a) Fire drill for CG #3 and CG #4. The home shall conduct fire drill at least monthly.

The home should keep records and documentation who conduct fire drill every time,  
to known who haven't done it and be required to do so, so it won't happen again.

PAZ REMULAR.  
94-1006 Kuakolu Place  
Waipahu, Hi. 96797

Sept. 1, 2015