

Foster Family Home - Corrective Action Report

Provider ID: 1-100074

Home Name: Werlina Young, CNA

Review ID: 1-100074-3

94-1119 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/19/2015

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:

Home visit for a 3 person recertification review made on 6/19/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/19/15.

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#4 state name check completed on 11/04/11, completed again on 06/26/14. Was due on or before 11/04/13

7.1.(a)(2) CG#3 APS/ CAN due on or before 03/27/14, was completed on 05/19/14. CG#4 APS/CAN due on or before 03/20/14 was completed 06/25/14

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) Confidentiality/ Privacy rights training missing for CG# 1,2,3, and 4

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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)(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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

- 41.(a)(3) no experience form for CG#2,3,4
41.(b)(5) No alternative transportation plan or automotive insurance for CG# 3 and 4.
41.(b)(5) no current Driver's License/ ID for CG# 2, and 3
41.(b)(7) CG#4 no T.B test on file for 2014
41.(e) CG#4 no SCG approval form on file

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Physical Environment

[17-1454-48]

- 48.(e) The home shall have policies regarding smoking on the property that:

Comment:

- 48.(e) No smoking policy

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Client Rights

[17-1454-50]

- 50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

- 50.(b)(15) No visiting hours

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Records

[17-1454-52]

- 52.(a)(3) A list of applicable community resources.
- 52.(c)(8) Personal inventory.

Comment:

- 52.(a)(3) No resource list
52.(c)(8) Client #1 No personal inventory list

Compliance Manager

Cheryl A. Johnson

Primary Care Giver

6/19/15
Date

6/19/15
Date

7/13/2015

41.(a)(3) experience form completed for C.G. # 2, 3, 4 file it in my chart. To prevent from happening again, I will place on a calendar 3 weeks before due so it won't be late again, and I can see it daily.

41.(b)(5) Completed alternative Transportation plan, an automotive insurance for C.G. # 3, 4 it is in my file already. To prevent from happening again, I will place on a calendar 3 weeks before due so it won't be late again and I can see it daily.

41.(b)(5) Current Drivers license / ID for C.G. # 2, 3 completed & file in my chart. To prevent from happening again, I will place on a calendar 3 wks before due so it won't be late again and I can see it daily.

41.(b)(7) CG # 4 J.B TEST on file for 2014 completed, already file in my chart. To prevent from happening again, I will place on a calendar 3 wks before due so it won't be late again and I can see it daily.

41.(c) CG # 4, SCG # 4 Completed appraisal form already file in my chart. To prevent from happening again, I will place on a calendar 3 wks before due so it won't be late again, and I can see it daily.

48.(e) Smoking Policy completed and file in my chart C.G. # 1, 2, 3, 4. To prevent from happening again, I will place on a calendar 3 wks before due so it won't be late again and I can see it daily.

50.(b)(15) NO visiting hrs. completed and already file in my chart C.G. # 1, 2, 3, 4. To prevent from happening again, I will place on a calendar 3 wks before due so it won't be late again, and I can see it daily.

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before due so it won't be late again and I can see it daily.

Confidentiality Privacy Training ^{completed} on June 27, 2015 for CG # #1, 2, 3, 4 all done + file in my chart. To prevent from happening again I will place on a calendar 3 weeks before due, so it won't be late again and I can see it daily. Any new SCGs will ^{completed} training on hire. To prevent from happening again I will place same thing on a calendar to remind me daily.

52.(a)(3) resource list completed and already file in my chart. To prevent from happening again, I will place on a calendar so it won't be late and can see it daily.

52.(c)(8) CH. #1, personality inventory list completed already file in my chart. To prevent from happening again, I will place on a calendar so it won't be late and can see it daily.

7.1(c)(1) CG #4 State name check current ^{completed} I will place on a calendar 3 wks before due, so it won't be late and to prevent from happening again and can see it daily.

7.1(c)(2) CG #3 + CG #4 APS/CAN state name check completed. I will place on a calendar 3 wks before due so it won't be late and to prevent from happening again. and can see it daily.

41.(e) CG #4 SCG #4 To prevent from being late. Copy of approval form is already on file in my chart permanently.

WERLINA YOUNG
mwerlina@young 8/05/15