

Foster Family Home - Corrective Action Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-5

91-1055 Uouoa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/12/2015

End Date: 12/20/2015

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 made on 11/12/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/12/2015.

6 (d)(1) see applicable sections of this 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 and CG#5 fingerprinting not present in the home.

7.1.(a)(2) CG#4 APS/CAN last done on 2/13/2014 and no second set of APS/CAN done in 2 consecutive years or not present in the home.

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.

Comment:

41.(b)(7) CG#1 TB clearance expired on 2/6/2015 but was renewed on 8/18/2015 with over 6 months lapse. CG#2 TB clearance expired on 2/5/2015 but was renewed on 11/5/2015 with 9 months lapse.

41.(b)(8)CG#2 CPR expired on 8/17/2015 but renewed on 10/30/2015 with over 2 months lapse. CG#1 BBP expired on 8/14/2015 but renewed on 8/25/2015 with about 10 days lapse. CG#2 BBP expired on 8/17/2015 but was renewed on 10/3/2015 with about 2 months lapse.

Foster Family Home Physical Environment [17-1454-48]

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

Comment:

48.(e) The policies regarding smoking on the property is not present in the home.

Written Plan of Correction

December 16,2015.

7.1 . (a)(1) CG#4 and CG#5 now have current fingerprinting and is filled in home binder. This will not happen again because the home has a tracking system for all personal requirements to prevent any requirement from expiring in the future.

7.1. (a)(2) CG#4 now has a second set of APS/CAN and is filled in home binder. This will not happen again because the home has a tracking system for all personal requirements to prevent any requirement from expiring in the future.

41. (b)(7) CG#1 now has a tracking log to prevent lapse from expiring in the future. This will not happen again.

41. (b)(8)CG@2 now has a tracking log to prevent lapse from expiring in the future. This will not happen again.

48. (e) Smoking Policies are filled in residents binder and posted in the home permanently.

52. (a)(3) The community resources list was misfiled and now in CG#1's binder at all times.

The above document faxed to CTA.

Date: 12/16/2015

Signature: 

Address: Carmelita Macalutas
91-1055 Uouoa Street
Ewa Beach, HI 96706