

Foster Family Home - Corrective Action Report

Provider ID: 1-598419

Home Name: Charrie Carino, CNA

Review ID: 1-598419-3

94-416 Kalukalu Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/20/2015

End Date: 12/2/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit on 8/20/15 for recertification of 2 bed home changing to 3 bed home. A corrective action report was issued at time of review with items due by 9/20/15.

6.(d)(1) Refer to appropriate sections of this review.

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) Only 1 APS/CAN done (5/29/14). None for 2013 or 2015. Need 2 consecutive years for all 3 caregivers. Caregiver # 2 needs to resolve positive APS/CAN with Fieldprint. (12/5/91 charge with no further charges.)

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.(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)(5)(C)(ii) CG #3 does not have current TB clearance.

41.(c) CG#1 short 6 hours of annual training. CG's 2 & 3 are short 5 hours.

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 documented fire drills since November 2014.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) No record of expenditures and income since may 2014.


Compliance Manager

Charrie Carino
Primary Care Giver

8/20/15
Date

8/20/15
Date

COMMUNITY HELP OF AMERICA



45-95 KAMEHAMEHA HWY SUITE 300

KANEHOE, HAWAII 96744

RE: CORRECTIVE ACTION REPORT

7.1 (a)(2) GOT COPY OF FINGERPRINT FROM CAREGIVER

ALWAYS KEEP TRACK ALL DUE DOCUMENTS & REMIND TO PCG TO PREVENT ANY REQUIREMENTS FROM EXPIRING IN THE FUTURE.

41. (b)(7)

CG3 COPY OF TB TESTING WAS INSIDE PCG BINDER. IT WASN'T IN THE RIGHT PLACE.

NEXT TIME, PCG WILL MORE ORGANIZE TO PUT ALL DOCUMENTS IN PLACE IN THE BINDER.

41. (c)

PCG GOT COPY OF ISSUANCE TRAINING FROM EMPLOYER INCLUDING CG2, CG3 NEXT TIME PCG & CG'S WILL ALWAYS KEEP TRACK ALL DOCUMENTS & TRAINING TO KEEP THEM UPDATED.

45 (a)

FIRE DRILL WAS CONDUCTED MONTHLY BASIS WITH PCG, CG'S ALONG WITH CLIENTS WITH VARIOUS TIME OF THE DAY; ALSO INCLUDE THE TESTING OF SMOKE DETECTORS.

49.1 (b)

RECORDS OF EXPENDITURES & INCOME WAS DONE RIGHT AWAY
TO KEEP TRACK FOR CLIENTS EXPENSES.

SIGNED CHARLIE U. CARLINO 11/26/15

CHARLIE U. CARLINO

94 - 416 KAWIKAWI ST.

WAIKIKAI, HI 96797

12/2/15 Received and reviewed all required
documents. PCG plans to keep record sheet
in binder to prevent expirations in the
future. Rnm5N

