

Foster Family Home - Corrective Action Report

Provider ID: 2-130057

Home Name: Delailah Satake, CNA

Review ID: 2-130057-3

238 Kehaulani Street

Reviewer:

Hilo HI 96720

Begin Date: 11/17/2015

End Date: 12/21/15

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

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

Comment:

Survey performed on 10/29/15 to recertify two client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA on 12/17/15. Documentation received. Home will be recertified for one year for two clients.

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;

Comment:

7.1.(a)(1) No documentation of fingerprinting for the second year for [REDACTED]

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.(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)(7) No TB clearance for [REDACTED]

41.(b)(8) No current CPR and First Aid for [REDACTED]

41.(c) No annual training for [REDACTED]

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) No emergency plan, smoking policy, budget, visiting hours or resource in homes binder.

Compliance Manager

12/21/15
Date

Primary Care Giver

12/21/15
Date

DURING MY CCFH SURVEY THE FF. THINGS WAS MISSING FROM MY BINDER.

FINGERPRINTING 7.1.a.1 FOR [REDACTED]

- I DID NOT KNOW I NEEDED IT BUT I WILL GET THIS DONE AND SEND TO CTA WITHIN 30 DAYS. I WILL LEARN THE RULES SO I HAVE EVERYTHING NEXT TIME. ^{✓ DONE 12/21}

TB Clearance 41.b.7 FOR [REDACTED]

FIRST AID AND

CPR, BLOOD BORNE PATHOGENS 41.b.8

- ONLY BLOOD BORNE

Annual Training 41.c [REDACTED]

- Emergency Plan 48.1.a
- Smoking Policy 48.e
- BUDGET 49.1
- VISITING HOURS 50.b.15
- Resource list 52.g.3



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Deborah Satake 11/17/15
DEBORAH SATAKE