

Foster Family Home - Corrective Action Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-3

1700 Keone Street

Reviewer:

Hilo HI 96720

Begin Date: 7/8/2015

End Date: 9/11/15

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

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

Comment:

Home visit done on 7/08/15 to survey for change to three clients. Home not in compliance on day of survey. Deficiencies include:

41.f.1 no documentation for TB clearance for Adult household member.

41.c No documentation of annual training for scg#2,3 or 4.

41.b.7 No TB clearance for scg # 4.

7.1.a.1 No documentation of background check for scg # 4.

PCG to submit documentation for all deficiencies to CTA within 30 days of this survey.

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:

Be subject to criminal history record checks in accordance with section 846-2.7, HRS

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

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.
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Compliance Manager

Joel K. Solmerin

Primary Care Giver

7-8-15

Date

07-08-15

Date

My Home was surveyed today and here are following deficiencies:

- 1. 7.1.a.1 Fingerprinting, CAR, XPS for scg # 4.
- 2. 41.b.7 TB clearance for scg # 4.
- 3. 41.c annual training for scg # 2, 3, 4
- 4. 41.f.1 TB clearance for Adult household member.

I will send you above documentation to CTA w/in 30 days. Forget to put in my book. I will check my book every month to see what is needed/missing.

Joel K. Solmerin
07-08-15