

# Foster Family Home - Corrective Action Report

Provider ID: 4-150020

Home Name: Judith S. De Los Trino, CNA

Review ID: 4-150020-1

2097 Pakahi Street

Reviewer:

Wailuku HI 96793

Begin Date: 4/28/2015

End Date:

5/8/15

## 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. No second fingerprint for CG #2 found in file. 9/26/2013 fingerprint noted in file for CG #2.

7.1.a.1. No fingerprints found for CG #3.

7.1.a.2. APS/CAN check lapsed for CG #1. Done 4/8/15 and due 3/28/15. No 2014 APS/CAN check for CG #3. 2013 APS/CAN check for CG #3 found in file.

## 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 No HHM signatures found on confidentiality/privacy rights training. All caregiver signatures were noted on the training.

## Foster Family Home Personnel and Staffing [17-1454-41]

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.c. No annual training hours noted in file for CG #2.

May 8, 2015

Judith S. De Los Trino  
2097 Pakahi st.  
Wailuku Hi. 96793

To Whom It May Concern:

I received my corrective action report. In 7.1.a.2. APS/CAN check lapsed 3/28/15, done 4/8/15. I will make reminder to my calendar before the due date to avoid deficiency in the future. These are my corrective action reports:

7.1.a.1 no fingerprint for SCG#2. Action taken, SCG#2 had her finger last 9/26/14 . A copy will be submitted along with the others.

7.1.a.1 no finger print, APS/CAN for SCG#3. Action taken, SCG #3 is aware that [REDACTED] fingerprint will be due on 5/24/2015. [REDACTED] asked if I can work with [REDACTED] schedule for [REDACTED] to get a fingerprint after [REDACTED] RN graduation. No set date yet but [REDACTED] will be having [REDACTED] fingerprint before the due date. I will submit as soon as possible [REDACTED] APS/CAN if I have them.

13.1.b.5 No HHM signatures found on confidentiality/privacy training rights. Action taken on 5/5/15, HHM signed the confidentiality/privacy training rights.

41.C No annual training hours noted in file for SCG #2. Action taken on 5/5/15, printed a summary for [REDACTED] annual training hours. Copy is attached along with this letter.

48.a.1 No non skid mat found in shower. Action taken on 5/5/15, I placed a non – skid mat on the shower. Picture copy is attached.

48.a.2 No grab bars/handles found in bathroom. Action taken on 5/5/15, placed a grab bars/handle on the bathroom. A picture copy is also attached

48.c.2 Inadequate infection control knowledge of this infection policies for equipment and devices. Action taken on 5/5/15, I am aware of infection control and policies and very much aware the dilution ration of 1:30. 1 part of bleach and 30 parts of H2o.

48.e No smoking policy found in file. Action taken on 5/5/15, Made a copy of the smoking policy and inserted it on my binder. A copy was also attached.