

Foster Family Home - Corrective Action Report

Provider ID: 2-591075

Home Name: Liberty Albano, CNA

Review ID: 2-591075-3

16-530 Ohe Street

Reviewer:

Keaau HI 96749

Begin Date: 9/15/2015

End Date:

9/15/15

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 9/15/15 to survey for recertification. Home not in compliance on day of survey. Out of compliance items will be listed in the appropriate section of this document.

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

Documentation received on the day of survey. Home is eligible for a one year recertification for three clients.

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) Have a current tuberculosis clearance that meets department of health guidelines. Clearance needed for SCG # 4.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid. Documentation needed for SCG # 4.

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. Documentation needed for SCG # 4.



[Signature]

Primary Caregiver

9/15/15
Date
9/15/2015
Time

09/15/2015 20:54:58

September 15, 2015

ATTENTION:

CTA Compliance Manager

CAP RESPONSE

1. DESCRIPTION OF RULE

Rule 41.b.7 TB Clearance needed for SCG #4,
Rule 41.b.8 CPR & First Aid needed for SCG #4,
Rule 41.c Annual Training for SCG #4

2. REASON OF DEFICIENCY

SCG #4, has been living in Oahu. Since she is not here in the island, sometime at early part of this year I decided to take out all her documents from the BINDER with the intention of 'REMOVING' her as my Substitute Caregiver. I kept her documents in a separate binder. My mistake was I forgot to fill out an SCG Change Notification Form and send it to CTA.

3. ACTION TAKEN

While Compliance Manager, was still here for the survey I was able to obtain via fax a copy of current TB Clearance and CPR & First Aid. I gave them to

SCG #4, is currently a BSN student. I was able to obtain via fax just few minutes after left a copy of Academic Standing in the summer of 2015. I hope that the courses that had taken are acceptable as Annual Training. As soon as I finish this response, I will fax it to along with this response.

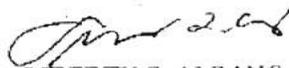
4. BE ABIDING TO THE RULES

Next time I intend to remove an SCG, I will make sure that I finish the process. I should fill out an SCG Change Notification Form and fax it to CTA right away before putting the documents away.

5. PLEA

I pray that I could be given a two-year certificate.

Sincerely,


LIBERTY Q. ALBANO
PCG

Attached:

Academic Standing Summer 2015

Dear

Sorry, I have to amend this response.

There's a correction on item # 3 2nd
paragraph, sentence 2 "few minutes before"
SHOULD BE: "few minutes after".

Thanks,

Liberty