Fosier Family Home - Corrective Action Report

Provider ID:

1-120082

Home Name:

Luz Tarinay, CNA

Review ID: 1-120082-5

94-356 Ikepono Place

Reviewer:

Waipahu

HI 96797

Begin Date:

2/6/2015 End Date:

316/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter: and

Comment:

6.(d)(1)

Review for recertification. CAP issued with closing date of 3/6/15. All items listed under separate sections. One year certification only due to not signing out in January and February. All items submitted 3/2/15.

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;

Comment:

7.1.(a)(1)

Only 2/14/14 fingerprint for CG 2.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(4)

Cooperate with the department to complete a psychosocial assessment of the caregiving family system in

accordance with subsection 17-1454-7(b)(2).

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.

Comment:

41.(b)(4) No disclosure for CG5.

41.(b)(7)

No proof of positive TB test for CG2,4 and HHM.

41.(b)(8)

No current CPR CG 5.

Foster Family Home - Corrective Action Report

roster ranning	y nome Guanty Assurance	[17-1454-48.1]	
48.1.(a)	The home shall have documented internal emer- situations that may affect the client, such as but	gency management policies and procedures for em not limited to:	50 Santa (50)
48.1.(a)(1)	Sudden illness or accident;		
48.1.(a)(2)	Death;		
48.1.(a)(3)	Violent acts or abuse;		
48.1.(a)(4)	Natural disasters;		
48.1.(a)(5)	Fire; and		
48.1.(a)(6)	Power and telephone outage		
Commont			

48.1 No Emergency Plan.



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PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES
PCG NAME: LUZ TARINAY DATE: 3-1-2015
DEFICIENCY: 6. Ld)(1)
How did you correct this deficiency? Make Sure don't forget to Sign in and Sign but before and after and before the Substitute left the Premisses How will you avoid committing this deficiency in the future? We have to be Conefull and make Sure and always Checked Your paper. DEFICIENCY: 7-1-(a)(1)
How did you correct this deficiency? Dons.
How will you avoid committing this deficiency in the future? Just to make Sure all paper on document is up to date and always checked before on after a yrs. DEFICIENCY: 41. (b)(4) No disclosure for
How did you correct this deficient the state of the state
How will you avoid committing this deficiency in the future? Don't forget to let Sign and make Sure to Send in Of Fox to and

Right away.

€.q







PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

PCGNAME: LUZ TARINAY

DATE: 3-1-2015

DEFICIENCY: 41. (b)(7)
No Proof of Dossitive TB Test for SCG. 2, 4 and HHM

How did you correct this deficiency? We SGE 2.4 and 11HM May all done all their Roppe poper for TO TEST

How will you avoid committing this deficiency in the future? AHD always remind my Self for me to checked all has paper and make Sure everything is current.

DEFICIENCY: 41. (3)(8)

No Current CPR CSG 5

How did you correct this deficiency? Send to CPR Studied Done Olneady

How will you avoid committing this deficiency in the future?

Make Sure to remind and my Self to always Checked as the Paper and make Sure everything is DEFICIENCY: 15 up to date.

48-1 EMERGENCY Plan

And affoched all my huissing document

How will you avoid committing this deficiency in the future? allways Mady my
Paper and alway's look for every two missing is
my folder-



