

Foster Family Home - Corrective Action Report

Provider ID: 1-140038

Home Name: Mayrose Mendoza, CNA

Review ID: 1-140038-3

3379 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 12/16/2015

End Date:

12/28/15

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

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

Comment:

Home visit on 12/16/15 for recertification of 2 bed home changing to 3 bed home. A corrective action report was issued at time of visit with items due by 1/16/16.

6.(d)(1). Refer to appropriate sections of this report.

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 documentation of confidentiality training.

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.

Comment:

41.(b)(7) Current TB clearance missing for CG [REDACTED] Last TB clearance [REDACTED]

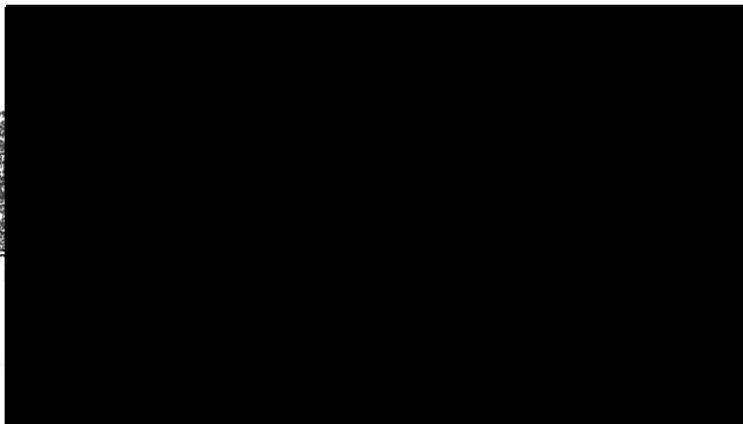
41.(b)(8) First Aide not present for CG [REDACTED]

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

Comment:

41.(3P)(a)(4) Documentation showing at least 1920 hours of experience for CG [REDACTED] and CG [REDACTED] is absent.



12/16/15
Date
12/16/15
Date

13.3.(b)(5)

- 7 I submit the documents of confidentiality training with my substitute caregiver signature.
- 7 To prevent this deficiency I will let my substitute caregiver to sign in advance.

41.(b)(7), 8

- 7 I submit Current TB clearance for CG [redacted] and First Aid for CG [redacted]
- 7 To prevent this deficiency I will put a note on my refrigerator to remind myself.

41.(3K)(a)(4)

- 7 I submit the documents showing at least 1920 hours of job experience for substitute caregiver.
- 7 To prevent this deficiency my substitute caregiver must have the required hours of experience.

- Myrose Mendoza

12-30-2015

CTA Received documents.