

Foster Family Home - Corrective Action Report

Provider ID: 1-150004

Home Name: Rosalie de Aquino, LPN

Review ID: 1-150004-2

87-150 Lualei Place

Reviewer:

Waianae HI 96792

Begin Date: 11/6/2015

End Date: 12/2/2015

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

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

Comment:

Home survey for recertification of two client CCFFH. Corrective Action Report issued with all requirements to be submitted to CTA by 12/7/15. All requirements submitted to CTA 12/2/2015.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

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)(5)(C)(ii)

CG1 : results of current TB test is not in file.

41.(c)


CG 1: Only 6 hours of annual training.

CG2: Only 6 hours of annual training.

Compliance Manager

Primary Care Giver

RECEIVED

BY: 
Date 12/1/15

Date 12/01/15

Written Plan of Correction:

17-1454-41(b)(5)(C)(ii) : Caregiver #1 found TB result and placed in file. TB results will be filed immediately upon receiving to prevent any records missing in file.

17-1454-41(c) : Caregiver #1 attended twelve hours of in-service training and caregiver #2 attended 8 hours of training. A reminder will be posted on the calendar of the date that they are due.

Rosalie de Aquino 12/04/15

Rosalie de Aquino
87-150 Lualei Place
Waianae, Hi 96792