

Foster Family Home - Corrective Action Report

Provider ID: 4-100057
Home Name: Sally Bermudez, CNA **Review ID:** 4-100057-4
 679 Maika Place **Reviewer:**
 Wailuku HI 96793 **Begin Date:** 6/8/2015 **End Date:** 6/20/15

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 HHM #1 and HHM #2. 2010 fingerprints on file for both HHM's.
- 7.1.a.1. State Name Check (E-CRIM) lapsed for HHM #2. Done 6/3/15 and due 4/15/15
- 7.1.a.2. APS/CAN checks lapsed for CG #1, CG #2, CG #5. CG #1 done 7/1/14 and due 5/24/14. CG #2 done 7/1/14 and due 4/16/14. CG #5 done 7/1/14 and due 4/4/14.
- * 7.1.a.2. APS/CAN checks lapsed for HHM #1 and HHM #2. HHM #1 done 7/1/14 and due 4/17/14. HHM #2 done 7/1/14 and due 4/17/14.

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. No Confidentiality/Privacy Rights Training for all caregivers found in file.

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
 Comment:

- * 41.b.4. No SCG disclosure form found for CG #4. No Disclosure form
- * 41.b.7. No Current TB Test for CG #3. Last TB test done 7/3/13. Need current TB
- * 41.b.7. No 2014 TB test for CG #4. Due 9/18/14. 2015 TB test for CG #4 found in file. lapsed
- * 41.g. No credentials (nurse aide certificate or CNA licensure) found for CG #4. Need Nurse aide certificate or CNA license for

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Medication and Nutrition

[17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.c. No medication side effects resource found in home.

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Compliance Manager

Primary Care Giver

Date

Date

6/20/15

6/20/15

To:

Compliance Manager for Cta:

I Sally Bermudez will keep my requirements book in check and up to date. I will not have any lapsed in requirement. I will set reminders on up coming due dates on my phone callender and also wall callender. I am submitting Second finger printing for House hold Members #1 + #2 and have it in file. I will submit disclosure form for CG #4. I will also submit current TB skin test for CG #3. I will also submit 2014 TB test for CG #4. And submit Nurse aid Certificate for CB #4.

pls. let me know if I still
missing Anything....

Thank you very much ...



Sally Bermudez
PG6

