

Foster Family Home - Corrective Action Report

Provider ID: 1-611922

Home Name: Marilyn Speichinger, CNA

Review ID: 1-611922-4

94-1176-A Kahuahale Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/11/2016

End Date: 2/4/16

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

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

Comment:

Home visit for a 2 person recertification review made on 1/11/16. Corrective Action Report issued during home visit with all items due to CTA by 2/11/16.

6.(d)(1) - see applicable sections of the review

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.(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)(4) - No disclosure form for CG [REDACTED]

41.(b)(7) - No current TB clearance for CG [REDACTED]

41.(c) - No in-service training for CG [REDACTED] and CG [REDACTED]

Date

Date

41. (b) (4) - Sent CTA a current disclosure form for CG [REDACTED] on 1/12/16.

41. (b) (7) - Sent CTA a current TB clearance for CG [REDACTED] on 1-28-16.

41. (c) I now understand the rule for in service training and will all CG's [REDACTED] obtain 8 hours of classes every year. I have placed all items and expiration dates on my i phone 6 plus calendar and will review weekly.

[REDACTED]

1-31-2016