

# Foster Family Home - Corrective Action Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-1

41-532 Inoaole St.

Reviewer:

Waimanalo HI 96795

Begin Date: 1/22/2016

End Date: 2/8/2016

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

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

Comment:

6 (d)(1) The NEW Home visit made on 1/22/2016 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 2/5/2016.

6 (d)(1) see applicable sections of this review.

## 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) CG [REDACTED] Completed fingerprinting on 4/14/2014 and no second set of consecutive fingerprinting present for either 2013 or 2015 present.

7.1.(a)(2) CG [REDACTED] completed APS/CAN 4/14/2014 and no second set of consecutive APS/CAN present for either 2013 or 2015 present.

## 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.

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) CG [REDACTED] Disclosure form incomplete with no CG [REDACTED] signature present.

41.(b)(7) CG [REDACTED] completed the TB Clearance Screening but no positive PPD and negative CXR present.

41.(b)(8) CG [REDACTED] BBP certificate of completion not present.

41.(c) CG [REDACTED] Eight hours of in-service training annually not present.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

1/22/2016  
Date

January 22, 2016  
Date

Written Plan of Correction

February 8, 2016

- 1.) 7.1 (ax1) The home relocated fingerprinting CG [redacted] has now 2013, 2014 fingerprinting.
- 2.) 7.1 (ax2) The home relocated APS/CAN 4/10 / 2013. CG#2 has 2013, 2014 APS/CAN.
- 3.) 41 (bx4) CG [redacted] Disclosure form was signed by CG [redacted] Attached is the disclosure form signature present.
- 4.) 41 (bx7) CG [redacted]. The home received a current 2016 TB Clearance Screening for CG [redacted] and now relocated the + PPD results and - CXR results. Dated : + PPD on 4/7/99 and - CXR on 01/03/2013.
- 5.) 41 (bx8) The home received the BBP certificate dated : 9/8/2015 for CG [redacted]
- 6.) 41 (c) CG [redacted] received eight hours of inservice training.

All the above will not happen again because the home now has a tracking log for all personnel requirements are due to prevent any requirements from expiring in the future.

( All documents of fingerprinting, APS/CAN, + PPD, - CXR, BBP for CG [redacted] and signed copy of the disclosure form for CG [redacted] - FAXED TO CTA.



Brenda Sanders

41-532 Inoaole Street

Waimanalo, HI 96795

Date: 2/8/2016