

Foster Family Home - Corrective Action Report

Provider ID: 1-560880

Home Name: Charlita Dumot, CNA

Review ID: 1-560880-4

610 Oneawa Street

Reviewer:

Kailua

HI 96734

Begin Date: 12/23/2015

End Date: 2/24/16

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

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

Comment:

Home visit conducted for recertification of three client CCFFH 12/23/2015. Corrective Action Report issued with all deficiencies to be corrected by 1/23/2016.

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 fingerprinting results in file for CG [redacted] and CG [redacted] and HHM [redacted]

Foster Family Home Reporting Changes [17-1454-10]

10.(4) In the household composition or structure of the home; and

Comment:

10.(4) Numerous HHM added since last review that were not reported to CTA.

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 confidentiality training done for any CGs and HHMs.

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).

Comment:

41.(b)(4) No disclosure form in file for CG [redacted]

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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.

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(a)(3)

No verifiable job experience forms for CC [redacted] and CC [redacted]

41.(3P)(b)(2)

Sign out sheet is being filled out incorrectly, Compliance Manager taught Caregiver [redacted] during review.

Compliance Manager

[redacted]
Primary Care Giver

12/23/15
Date

12-23-15
Date

Charlita Dumot Foster Home
610 Oneawa Street, Kailua HI 96734
Phone: . . .

February 24th, 2016

7.1.(a)(1)

[REDACTED]

10.(4)

I have updated my disclosure form on the day of recertification which was 12-23-2015.

13.1.(b)(5)

[REDACTED]

41.(b)(4)

[REDACTED]

41.(3P)(a)(3)

[REDACTED]

41.(3P)(b)(2)

[REDACTED]

I will include the entire list and the expiration date of all my documents in the front page of my binder.

X

[REDACTED]

Charlita Dumot