

Foster Family Home - Corrective Action Report

Provider ID: 1-090062

Home Name: Editha Soria, CNA

Review ID: 1-090062-6

98-874 Kaamilo Street

Reviewer:

Aiea H 96701

Begin Date: 1/11/2016

End Date: 3/31/2016

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

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

Comment:

6 (d)(1) Home visit made on 1/11/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/11/2016.

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;

Comment:

7.1.(a)(1) CG [redacted] last fingerprinting done on 3/19/2013 and eCrim was done on Jan. 2016 with about 10 months lapse.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG [redacted] CPR and first aid expired on 9/12/2015 and renewed on 1/6/2016 with about 3 months. BBP expired on 12/28/2015 and renewed on 1/6/2016 with about 9 days lapse. CG [redacted] No current BBP certificate present in the home.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(b)(4) To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

41.(3P)(b)(4) The requirement for 3-person certificate is minimum of 2 SCGs. The home has only one SCG.

Compliance Manager

Primary Care Giver

1/11/2016
Date

1-11-16
Date

3-3-16

Written Plan of Correction

7.1 (a) (i) CG [REDACTED] The home will not have any lapses for finger printing for CG [REDACTED] because the home now have a tracking log plate on my refrigerator door to present any report from lapsing.

41 (b) (e) CG [REDACTED] The home will not have any lapses for CPR, FA, Blood borne ^{C-S} ~~Pathogen~~ for [REDACTED] because the home now have a tracking log plate on my refrigerator door to present any report from lapsing. Add CPR & First Aid (FA).

41 (3P) (b) (4) The home now has 2 approved CGs. This will not happen again in the future because the home will always maintain at least 2 SCCs for a 3-client home.

Date: 3-3-16

Sign: [REDACTED] Editha Soria

Address: 98-874 Kaunilo St. Aiea HI 96701.