

Foster Family Home - Corrective Action Report

Provider ID: 1-580599

Home Name: Robert Yabut, CNA

1639 Lusitana Street

Honolulu HI 96813

Review ID: 1-580599-4

Reviewer: ~

Begin Date: 2/11/2015

End Date:

6/25/15

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

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

Comment:

6.(d)(1) Review for recertification. Deficiencies are listed in separate sections. CAP written with all items due by 3/11/15.

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.

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)(8), (c): SCG [redacted] Difficult to verify CPR, First Aid and BBP for this SCG. Submit statement from instructor that these classes were taken when specified. SCG [redacted] and SCG [redacted] Each have only 6.5 hours of CEU. 12 is required.

3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(b)(6) shall include all SCGs at least once per year

45.(3P)(d) All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

45.(3P)(b)(45.(3P)(d)6), Fire drills are being conducted but each SCG has not conducted a fire drill once each year.

Compliance Manager

Primary Care Giver

2/11/15

Date

2/11/2015

Date

1639 LUSITANA ST.
HONOLULU, HI 96813
JUNE 12, 2015

COMMUNITY TIES OF AMERICA
45-955 KAMEHAMEHA HWY.
SUITE 300 KANEIOHE, HI 96744
C/O *

41(b)(8)

SCG [REDACTED] CPR/FIRST AID AND BBP WAS PRESENT AND READABLE AT TIME OF REVIEW. A STATEMENT FROM SCG [REDACTED] INSTRUCTOR ATTACHED AS REQUESTED. BECAUSE THERE'S NO CONNECTION BETWEEN THE PCG AND SCG [REDACTED] PCG REMOVES SCG [REDACTED] FROM THE TEAM OF CCFFH.

SCG [REDACTED] COMPLETED 12 HOURS IN-SERVICES AND ALSO PRESENT AT THE TIME OF REVIEW. PCG [REDACTED] HAS TO WRITE DOWN EVERY TIME SHE ATTENDED THE NAME OF IN SERVICES RECORDED AT THE BACK OF THE PAPER. IF IT IS POSSIBLE, PCG ADVISE SCG [REDACTED] TO ATTENDS IN SERVICES FROM ANOTHER STATE OF HAWAII CERTIFIED NURSING ASSISTANT TRAINING PROGRAM.

41(c)

PCG OBTAINED ALL REQUIRED IN-SERVICES RECORDS ON MY OWN BINDER FILED RECORD. SCG [REDACTED] HAS BEEN REMOVED. ATTACHED ARE THE INSERVICE CERTIFICATES.

45(3P)(b)6

PCG AND SCG STUDIED THE FIRE AND NATURAL DISASTER OR OTHER EMERGENCY PLAN AND SIGN FOR IT AS PER REQUESTED.

45(3P)(b)(45)(3P)(d)(b)

AS PER REQUESTED, PCG AND SCG WILL CONDUCT FIRE DRILLS. EVERY MONTHS, I MAKE CERTAIN (PCG) TO REVIEW RECORDS OF ALL MY ACTIVE SCG AS NEEDED. I WILL ALSO KEEP RECORDS ORGANIZED TO EASILY FIND NECESSARY ITEMS.

SINCERELY YOURS,
[REDACTED]

RECEIVED
JUN 15 2015
BY: [REDACTED]