

Foster Family Home - Corrective Action Report

Provider ID: 1-619140

Home Name: Rosario Cadelina, RN

Review ID: 1-619140-4

94-337 Loaa Place

Reviewer:

Waipahu HI 96797

Begin Date: 2/22/2016

End Date: 2/29/16

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

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

Comment:

Recertification visit made on 2/22/16 for 2 person home. Corrective action report issued during time of review due by 3/22/16. See applicable sections 6.(d)(1)

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) CG [redacted] and CG [redacted] no confidentiality/ privacy training in record during review.

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] no proof for First Aid from 2/18/15-2/01/16 in record during review. Current First Aid in record

Compliance Manager

Primary Care Giver

2/22/16

Date

2/22/16

Date

Corrective Action Plan

ROSARIO CADELINA

2/22/16

1. Citation #13.105 - CG [REDACTED] + CG [REDACTED] - ~~with sign tonight~~ ^{RC} signed 2/22/16 confidentiality training, will sign substitute right away, will not remove in the folder
2. Citation #41.68 - CG [REDACTED] - current first aid on file. Previous card was misplaced. Will make a list of upcoming expirations so not to miss due date; list will be out front of the binder. Will check every month

