

Foster Family Home - Corrective Action Report

Provider ID: 1-527260

Home Name: Cesar Comiso, CNA

Review ID: 1-527260-4

91-951 Puhikani Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 4/4/2016

End Date:

4/26/16

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

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

Comment:

Recertification visit for 3 client CCFFH [REDACTED] Corrective action report issued during review and due to CTA [REDACTED]
[REDACTED] See applicable sections 6.(d)(1).

Foster Family Home Background Checks [17-1454-7.1]

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)(2)CG [REDACTED] APS/ CAN completed [REDACTED]. To be in compliance APS/CAN should have been completed [REDACTED]

HHM [REDACTED] APS/ CAN completed [REDACTED]. To be in compliance APS/CAN should have been completed [REDACTED]

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/ privacy training for CG [REDACTED] and CG [REDACTED].

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41.(a)(3) CG [REDACTED] no job experience form on record during review.

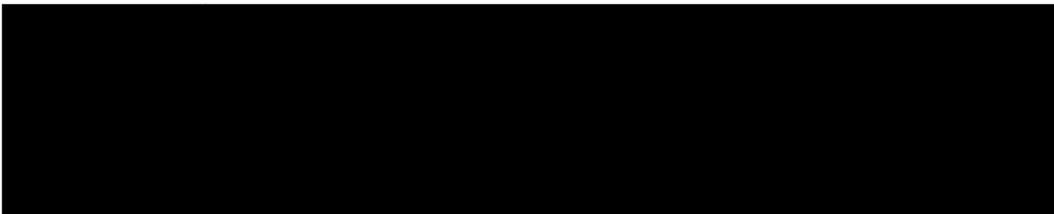
41.(b)(8) CG [REDACTED] Lapse in First Aid [REDACTED] Current First Aid on record during review.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document and maintain a record, in the home, of [REDACTED] different times of the day, evening, and night. [REDACTED] shall be [REDACTED] under varied conditions and shall include the [REDACTED]

Comment:

45.(a) CG [REDACTED]



CORRECTIVE PLAN OF ACTION



1. 7.1. (a)(2) - CG [REDACTED], CG [REDACTED], HHM [REDACTED]

APS/CAN has lapsed but is completed and current.

The home will use a computer program or smart phone application to keep track and to monitor expiring requirements to prevent any requirements from expiring in the future.

2. 13.1. (b)(5) - CG [REDACTED], CG [REDACTED]

Training regarding confidentiality policies and procedures and client privacy rights completed by CG [REDACTED] and is on file.

Will ensure that newly hired substitute caregivers will be trained on client confidentiality policy and privacy rights and to sign upon hiring.

3. 41. (a)(3) - CG [REDACTED]

CG [REDACTED] completed the job experience form [REDACTED] and is on file.

Will ensure that all substitute caregiver hired in the future complete the job experience form upon hiring.

41. (b)(8) - CG [REDACTED]

Misplaced CG [REDACTED] First aid card, has current First aid certificate.

The home will keep all thinned requirements in a binder to prevent loss or misplacement.

4. 45. (a) - CG [REDACTED]

CG [REDACTED] completed the [REDACTED] or [REDACTED] and is on file.

Will make sure that all substitute caregivers perform the

