

Foster Family Home - Corrective Action Report

Provider ID: 1-140025

Home Name: Corinne Moreno, NA

Review ID: 1-140025-3

2405 Ahaiki Street

Reviewer:

Pearl City

HI 96782

Begin Date: 2/10/2016

End Date: 3/17/16

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

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

Comment:

Home visit for a 2 person recertification review [REDACTED]. Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the 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;

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),(2) - No current APS/CAN and eCrim for CG [REDACTED] and HHM [REDACTED]

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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)(5) - CG [REDACTED] needs to increase amount of insurance coverage.

41.(b)(8) - No current BBP certification for CG [REDACTED]

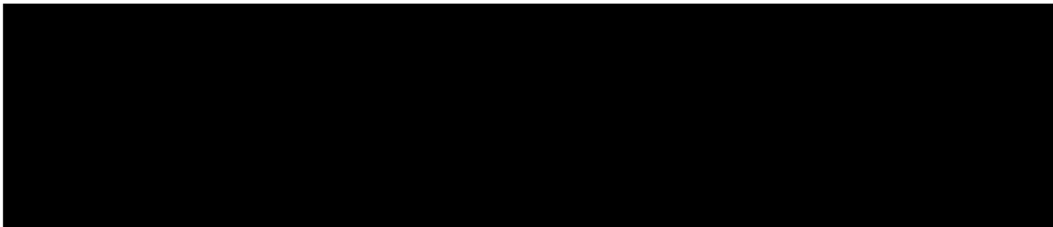
41.(c) - CG [REDACTED] did not complete 12 hours and 8 hours of in-service [REDACTED]

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - CG [REDACTED] needs RN delegations for client [REDACTED]



[REDACTED]

7.1 (a) (1)(2) -

Sent CTA a current ecrim for
Caregiver [REDACTED]
and HMM [REDACTED].

41.(b)(5) -

Sent CTA an updated auto
insurance coverage amounts

41.(b)(8) -

Sent CTA a current BBP certification
for Caregiver [REDACTED]

41.(c) - I will send CTA 12 hrs of in-service
for Caregiver [REDACTED]
[REDACTED], I now understand
HAR 41.C.

43.(c)(3) sent CTA RN delegations for
Client [REDACTED] for Caregiver [REDACTED]
[REDACTED].

I have made a list of all items with their
expiration dates and placed list in the front of
my binder. I will review list monthly. [REDACTED]