

Foster Family Home - Corrective Action Report

Provider ID: 1-160012

Home Name: Debra Lynn Alexander

Review ID: 1-160012-1

599 Hoomoana Street

Reviewer:

Pearl City HI 96782

Begin Date: 3/18/2016

End Date: 4/20/2016

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

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

Comment:

6 (d)(1) The NEW Home visit [REDACTED] for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA [REDACTED].

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;

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) CG [REDACTED] Fingerprinting not present in the home.

7.1.(a)(2) CG [REDACTED] APS/CAN not present in the home.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

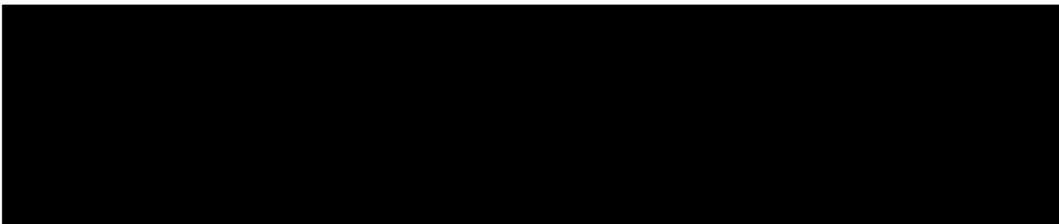
41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7) CG [REDACTED] TB clearance for CXR result is negative [REDACTED] but no proof of positive PPD or TST in the home. CG [REDACTED] TB clearance not present in the home.

41.(b)(8) CG [REDACTED] First Aid and BBP not present in the home. CG [REDACTED] BBP expired [REDACTED] and no current BBP present in the home.

41.(e) CG [REDACTED] CTA approval form not present.



WRITTEN PLAN OF CORRECTION

7.1(a)(1) CG [REDACTED] - NOW HAS FINGERPRINTING [REDACTED]
[REDACTED] AND IS FILED IN
HOME BINDER

7.1(a)(2) CG [REDACTED] - NOW HAS APSICAN [REDACTED]
[REDACTED] AND IS FILED IN
HOME BINDER

41.(b)(7) CG [REDACTED] - NOW HAS PROOF OF NEGATIVE
PPD [REDACTED] AND IS
FILED IN HOME BINDER

41.(b)(7) CG [REDACTED] - NOW HAS PROOF OF NEGATIVE
PPD [REDACTED] AND IS
FILED IN HOME BINDER

41.(b)(8) CG [REDACTED] - NOW HAS PROOF FOR FIRST AID
AND BBP [REDACTED] AND IS
FILED IN HOME BINDER

41.(b)(8) CG [REDACTED] - NOW HAS PROOF FOR FIRST AID
AND BBP [REDACTED] AND IS
FILED IN HOME BINDER

41.(c) CG [REDACTED] - SUBMITTED THE PACKET FOR INITIAL
SUBSTITUTE CAREGIVER [REDACTED]
AND APPROVAL IS PENDING...

ALL DOCUMENTS ABOVE ATTACHED. THIS WILL NOT HAPPEN AGAIN IN THE FUTURE BECAUSE THE HOME HAS NOW CREATED A FILE AND LOG FOR ALL DOCUMENTS BEFORE THE DUE DATES.

