

# Foster Family Home - Corrective Action Report

Provider ID: 2-090047

Home Name: Dino Cacpal, CNA

Review ID: 2-090047-6

15-1364 Poni Moi Street

Reviewer:

Keaau HI 96749

Begin Date: 3/9/2016

End Date:

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

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

Comment

Survey performed to change to a three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA [REDACTED]

## 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.

Comment

No current TB clearance for PCG.  
No blood borne pathogens for scg [REDACTED]

## Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment

No daily documentation [REDACTED]

[REDACTED]

411(b)(7) I sent my T.B clearance to CTA [REDACTED]  
I will make sure I keep it up to date by  
putting it on my calendar for the month  
before it is due each year and keep in home  
drawer.

411(b)(8) I sent my CA blood test to [REDACTED] to  
CTA [REDACTED]. I will make sure this is current  
by putting a reminder on my calendar each  
year and keep in home drawer.

412(b)(6) I will be sure to keep all my daily record  
up to date by charting daily record up  
to date as I give medications.