

Foster Family Home - Corrective Action Report

Provider ID: 1-511867

Home Name: Emily Saturnino, CNA

Review ID: 1-511867-4

1214 Kamehameha IV Road

Reviewer:

Honolulu HI 96819

Begin Date: 5/11/2016

End Date: 6/6/2016

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this review.

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

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

Comment:

41.(b)(7) CG [REDACTED] TST for TB Clearance expired [REDACTED] but renewed [REDACTED] with over 2 years lapse. CG [REDACTED] TST for TB Clearance expired [REDACTED] but renewed [REDACTED] with over 2 years lapse. CG [REDACTED] TB screening done [REDACTED] with negative CXR [REDACTED] but no proof of positive PPD.

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

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) The home conducted unannounced fire drill days and evenings, but none on night completed.

Written Place of Correction



41. b. 7 CG [redacted], CG [redacted] + CG [redacted], Will not lapse TB Clearance in the future. I will keep track all over due requirements in my computer.

CG [redacted] I now have the results to prove positive PPD [redacted]. The PPD results are kept in the binder at all times.
(attached results)

45. a The home conducted a night fire drill [redacted]. This will not happen again because the home will follow HAR to conduct fire drills day, evenings and nights from now on.

