

Foster Family Home - Corrective Action Report

Provider ID: 4-562977

Home Name: Evelyn Aquino, CNA

Review ID: 4-562977-4

19 Koma Hia St.

Reviewer:

Wailuku HI 96793

Begin Date: 11/20/2015

End Date: 3/16/16

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

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

Comment:

Visit [REDACTED] for 3 client home for move and review of CG's. Corrective action report issued and due by [REDACTED]. Move approved for 2 client home [REDACTED]. Changed from 3 client home to a 2 client home

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] only one set of finger prints on record [REDACTED]. Needs 2.

7.1.(a)(1) CG [REDACTED] E-Crim [REDACTED] not completed yet. [REDACTED] CG [REDACTED] E-Crim [REDACTED] not completed yet.

7.1.(a)(2) CG [REDACTED] and CG [REDACTED] APS/CAN [REDACTED] not completed yet. [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) CG [REDACTED] no confidentiality/ privacy training in record during review

Foster Family Home - Corrective Action Report

Foster Family Home

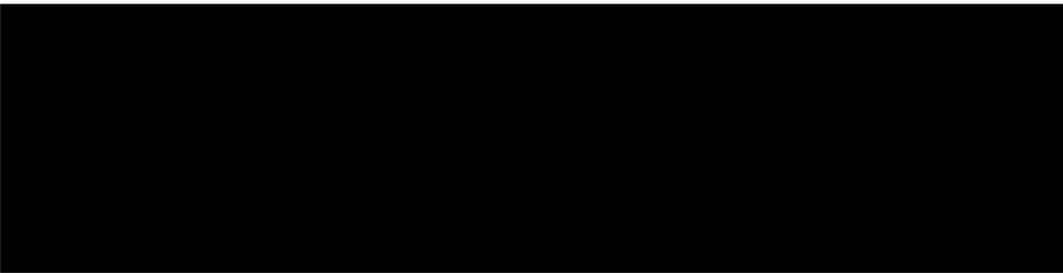
Personnel and Staffing

[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)(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.(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] No current driver's license or I.D. [redacted]
- 41.(b)(7) CG [redacted] T.B test [redacted] not completed yet. [redacted]
- 41.(b)(8) CG [redacted] CPR and First Aid expired [redacted]
- 41.(b)(8) CG [redacted] Lapse in Blood born pathogens [redacted] CG [redacted] No proof of Blood born pathogens on record
- 41.(c) CG [redacted] did not have 12 hours of annual training in record during review



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FOSTER FAMILY HOME - Corrective Action Plan

Provide ID: 4-562977

Home Name: Evelyn Aquino, CNA
619 Komaia Street
Wailuku HI 96793

Reviewer ID: 4-562977-4

Reviewer:
Begin Date: 11/20/2015 End Date:

Foster Family Home

Required Certificate [17-1454-6]

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

Comment:

Visit [redacted] for 3 client home for move and review of CG's. Corrective action report issued [redacted]
[redacted] Move approved for 2 clients home [redacted] Changed from 3 client home to a 2 client home.

Response:

6.(d)(1) CG [redacted] all applicable requirements placed in records.

Preventive Action:

Will make sure to place on a calendar 30 days before due date to avoid any late filing of documentation.

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] only one set of finger prints on record [redacted] Needs 2
7.1.(a)(1) CG [redacted] E-Crim [redacted] not completed yet. [redacted] CG#2 E-Crim [redacted] not
completed yet.
7.1.(a)(2) CG [redacted] CG [redacted] and CG [redacted] APS/CAN [redacted] not completed yet. [redacted]

Response:

7.1.(a)(1) CG [redacted] another set of fingerprint taken [redacted] and on file.
7.1.(a)(1) CG [redacted] E-Crim taken [redacted] and on file
CG [redacted] E-Crim taken [redacted] and place in record.
7.1.(a)(2) CG [redacted] APS/CAN completed [redacted] and on file
CG [redacted] APS/CAN completed [redacted] and on file
CG [redacted] APS/CAN completed [redacted] and placed in record.

Preventive Action: Will make sure all CG's have fingerprints records on file and APS/CAN should be updated 30 days prior to due date and be placed in records.

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 procedures and client privacy rights.

Comment:

13.1.(b)(5) CG [redacted] no confidentiality/privacy training in record during review.

Response:

13.1.(b)(5) CG [redacted] confidentiality/privacy training signed and place in record.

Preventive Action:

Be sure to update and signed documentation of current confidentiality/privacy training and be placed in records.

To: Community Ties of America

CC: [REDACTED] RN

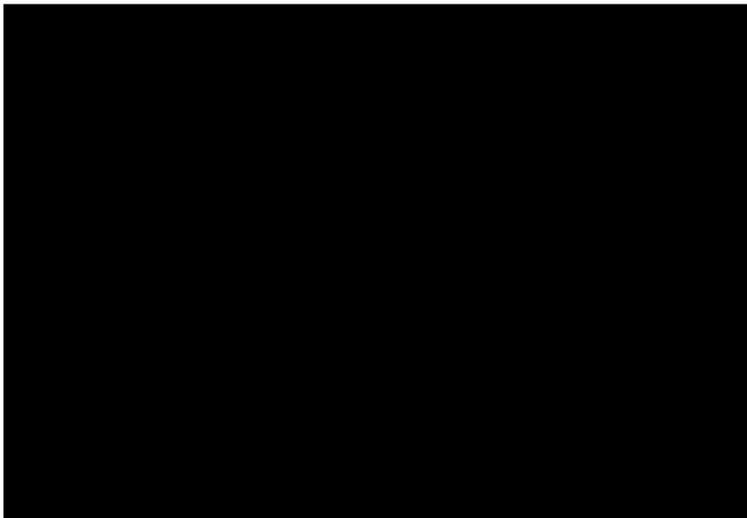
From: Evelyn Aquino, CNA

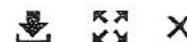
Subject: Foster Family Home - Corrective Action Plan
[REDACTED]

Dear

I am Evelyn Aquino, a Community Care Foster Family Home operator. [REDACTED]
you made a visit to my CCFH.

17-1454-41.b.5, b.7, b.8, c. During your visit, documentation and trainings were not updated. To prevent this from happening, I will create a detailed log of necessary documents and effective dates. I will also make note of expiration dates, add to a calendar as a reminder and monitor regularly when it gets close to renewal to ensure documents are always up-to-date and filed timely.





FOSTER FAMILY HOME -Corrective Action Plan

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)(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.(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 manager 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] No current driver's license or I.D. Driver's license [REDACTED]
- 41.(b)(7) CG [REDACTED] T.B. test [REDACTED] not completed yet. [REDACTED]
- 41.(b)(8) CG [REDACTED] CPR and First Aid [REDACTED]
- 41.(b)(8) CG [REDACTED] Lapse in Blood born pathogens [REDACTED]. CG [REDACTED] No proof of Blood born pathogens record
- 41.(c) CG [REDACTED] did not have 12 hours of annual training in record during review.

Response:

- 41.(b)(5) CG [REDACTED] Current ID was obtained [REDACTED] and on file
- 41.(b)(7) CG [REDACTED] TB test completed [REDACTED]. Place in record.
- 41.(b)(8) CG [REDACTED] CPR and First Aid taken [REDACTED] and on file.
- 41.(b)(8) CG [REDACTED] Blood born pathogens taken [REDACTED] and on file
- CG [REDACTED] Blood born pathogens taken [REDACTED] and on file
- 41.(c) CG [REDACTED] and CG [REDACTED] obtained/completed the 12 hours of annual training [REDACTED] and place in record.

Preventive :

Be sure to double check and have an updated documentation of ID, TB test, and current trainings