

Foster Family Home - Corrective Action Report

Provider ID: 1-578859

Home Name: Florentina Nunez, CNA

Review ID: 1-578859-3

98-022 Kuleana Place

Reviewer:

Pearl City HI 96782

Begin Date: 5/17/2016

End Date: 6/2/2016

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 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] and CG [REDACTED] eCrim expired [REDACTED] but renewed [REDACTED] with about 4 months lapse.

7.1.(a)(2) CG [REDACTED] and CG [REDACTED] APS/CAN expired [REDACTED] but renewed [REDACTED] with about 2 weeks lapse. CG [REDACTED] and CG [REDACTED] APS/CAN expired [REDACTED] but renewed [REDACTED] with two days lapse.

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:

41.(b)(7) CG [REDACTED] has negative TB skin test and was done [REDACTED] but only TB Screening Form completed [REDACTED] and no current TB skin test done with current results. CG [REDACTED] converted from positive TB skin test to negative TB skin test [REDACTED] but no current TB skin test done with current results but only TB Screening Form completed [REDACTED]

41.(b)(8) CG [REDACTED] Blood Borne Pathogen certification expired [REDACTED] but renewed [REDACTED] with about 2 weeks lapse.

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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.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) The home conducted unannounced fire drills for days and evenings but no night fire drills conducted.

45.(b)(2) The home fire drills were conducted only by CG [REDACTED] but all CGs are to conduct fire drills.

Written Plan of Correction

June 2, 2016

- 7.1.(a)(1) CG [redacted] and CG [redacted] will not lapse in eCrim in the future.
- 7.1.(a)(2) CG [redacted] will not lapse in the APS/CAN in the future.
- 41.(b)(7) CG [redacted] TB skin test conducted [redacted] with positive results determined [redacted] Chest x-ray conducted on same day [redacted] with negative results. CG [redacted] TB skin test completed [redacted] with negative results. [redacted]
- 41.(b)(8) CG [redacted] will not lapse in Blood Borne Pathogen certification in the future.
- 45.(a) The home conducted unannounced fire drills in the night time. (Refer to attached document).
- 45.(b)(2) The home fire drills will be conducted by all other CGs in the future.

All of the above will NOT happen again in the future because the home now has a tracking log for all requirements before due date.

