

Foster Family Home - Corrective Action Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-4

94-573 Palai Street

Reviewer:

Waipahu

HI 96797

Begin Date: 5/2/2016

End Date: 5/15/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the 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) - No current TB clearance for CG [REDACTED]

Foster Family Home Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations for CG [REDACTED] and CG [REDACTED] on client [REDACTED].

41. (b)(7) - Sent CTA a current TB clearance for substitute caregiver [REDACTED].

43. (c)(3) - Sent CTA RN delegation for substitute caregiver [REDACTED] and caregiver [REDACTED] for client [REDACTED].

→ I have made a list of all items with expiration dates (CPR, TB, APS/CAN, Bloodborne-pathogen, inservice) and placed in the front of my CTA binder. I will review every month. I now understand HAR 43.(c)(3) and will always have my SCG delegations done when client is admitted or soon after.

