

Foster Family Home - Corrective Action Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, CNA

91-959 Mailani Street

Ewa Beach HI 96706

Review ID: 1-518730-4

Reviewer:

Begin Date: 5/31/2016

End Date: 7/6/2016

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 2-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] HHM [REDACTED] and HHM [REDACTED] eCrim expired [REDACTED] but renewed [REDACTED] lapse; CG [REDACTED] eCrim expired [REDACTED] but renewed [REDACTED] lapse.

7.1.(a)(2) CG [REDACTED] APS/CAN expired [REDACTED] but renewed [REDACTED] 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.

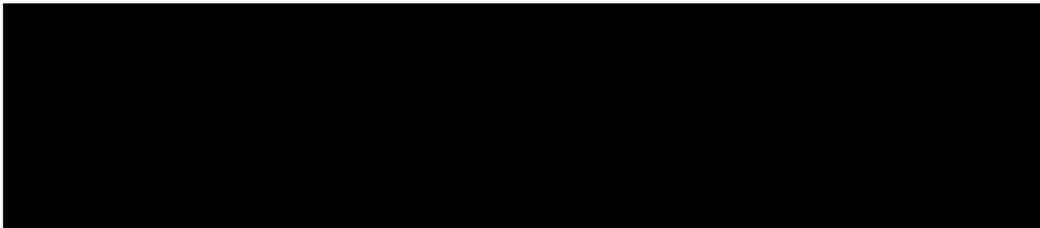
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG [REDACTED] TB clearance expired [REDACTED] and no current TB clearance present in the home. CG [REDACTED] TB clearance expired [REDACTED] but renewed [REDACTED] with about 1 year lapse.

41.(b)(8) CG [REDACTED] CPR expired [REDACTED] but renewed [REDACTED] with about 8 months lapse. First Aid expired [REDACTED] but renewed [REDACTED] with about 7 months lapse. Blood Borne Pathogen expired [REDACTED] but renewed [REDACTED] with 3 days lapse.

41.(f)(1) HHM [REDACTED] TB clearance expired [REDACTED] but renewed [REDACTED] with 6 months lapse.



WRITTEN PLAN OF CORRECTION

FOSTER FAMILY HOME BACKGROUND CHECK

- 7.1. (a)(1) CA [REDACTED] ~~CA [REDACTED]~~, HHM [REDACTED] HHM [REDACTED]. eCFim will not lapse because the home will utilize a program to track all home personnel requirements are due to prevent lapses in the future.
- 7.1 (a)(2) CA [REDACTED]. APS/CAN will not lapse because the home will utilize a program to track when home personnel requirements are due to prevent lapses in the future.

FOSTER FAMILY HOME Personnel and Staffing

41. (b)(7) CA [REDACTED] CA [REDACTED]. The home received a current TB Symptoms Screening Form of CA [REDACTED] and hereby attached. TB clearances will not lapse or expired because the home will utilize a program to track when home personnel requirements are due to prevent from expiring in the future.
41. (b)(8) CA [REDACTED]. In-service Training including Bloodborne Pathogens, Infection Control and CPR/FIRSTAID will not lapse because the home will utilize a program to track when home personnel requirements are due, to ensure everyone have documentation of current training.

41. (F)(1) HHM- [REDACTED].

TB clearances will not lapse because the home will utilize a program to track home personnel requirements are due to prevent lapses in the future.

