

Foster Family Home - Corrective Action Report

Provider ID: 1-569486

Home Name: Iluminada Morin, CNA

Review ID: 1-569486-4

94-079 Waikele Loop

Reviewer:

Waipahu HI 96797

Begin Date: 3/8/2016

End Date: 4/11/16

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

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

Comment:

Recertification visit made for two client CCFFH. Corrective action report issued during review and due to CTA [REDACTED]. See applicable sections 6.(d)(1)

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)CG [REDACTED] lapse in CPR and First Aid [REDACTED]. Current CPR and First Aid in record during review.

Foster Family Home Physical Environment [17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.(c)(3) Dining room area with hole in ceiling in corner. There is a door from CCFFH kitchen that leads to stairs to another person's dwelling which has access to the CCFFH.

Corrective Action Plan for Review ID # 1-569486-4

[REDACTED]

The statements made in this corrective action plan are not an admission to and do not constitute an agreement with the alleged deficiencies within. To remain in compliance with all state regulations, the CCFH has taken or will take the actions set forth in the following corrective action plan. The corrective action plan constitutes the CCFH's allegation of compliance such that all alleged deficiencies have been or will be corrected by the date or dates indicated.

17-1454-6.(d)(1) The home was not in compliance with all applicable requirements in this chapter on the date of inspection. Compliance with all applicable requirements has been achieved, and will be maintained, as indicated in subsequent specific sections.

17-1454-41.(b)(8) CG [REDACTED]'s CPR and First Aid certifications were allowed to lapse [REDACTED]. To prevent future recurrence of such lapse(s) for any requirement(s), we have created and will maintain a tracking chart, with one copy on our computer and another in our caregiver book. All expiration dates are recorded, along with "take action" dates one month prior to expiration. The chart(s) will be checked on a minimum monthly basis, and dates will be revised each time a required action has been accomplished.

17-1454-48.(c)(3) A ceiling hole existed in the corner of the dining room/computer area. We applied external patches to the ceiling, covering the hole. This repair will be checked on a regular basis & maintained as required. A photo of said repair is attached.

Existing measures limiting access [REDACTED] into the CCFH were deemed to be inadequate, and we have opted to include [REDACTED] as a "Household Member". The first of [REDACTED] two APS/CAN/Fingerprinting, as well as [REDACTED] initial TB Clearance, have been accomplished. We have added the required section [REDACTED] to our caregiver book. In addition to the aforementioned requirements and ID, [REDACTED] has also been trained on confidentiality & privacy, and [REDACTED] attestation to this is included in [REDACTED] section; these requirements will be maintained as previously-described for 17-1454-41.(b)(8) above. Copies of [REDACTED] APS/CAN/Fingerprinting results, TB Clearance, Hawaii State Identification Card and signature sheet attesting to receipt of Confidentiality/Privacy Training (i.e., the contents of [REDACTED] section of our caregiver book) are attached.

[REDACTED]