

# Foster Family Home - Corrective Action Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

Review ID: 1-130020-4

94-387 Kahuapaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/19/2016

End Date: 6/3/2016

## 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 [REDACTED]

6 (d)(1) see applicable sections of this review.

## Foster Family Home

## Application

[17-1454-7]

7.(b)(1)(C) Background check documents, as provided in section 17-1454-7.1; and

7.(b)(2) Have a family system in the home that has the capacity to meet the certification requirements and to provide services as a community care foster family home.

Comment:

7.(b)(1)(C) CG#4 First set of fingerprinting done [REDACTED] and the second set [REDACTED] not present in the home.

7.(b)(2) CG#4 First set of APS/CAN done [REDACTED] the second set [REDACTED] not present in the home.

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Foster Family Home

Personnel and Staffing

[17-1454-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3) CG#3, #4, #5: No job experience present in the home.

41.(b)(7) CG#3: No proof of positive PPD and no current TB screening in the home. CG#4: TB clearance not present in the home. CG#5: TB clearance done [REDACTED] but no proof of positive PPD and negative CXR.

41.(b)(8) CG#4 CPR and First Aid expired [REDACTED] but no current CPR and First Aid certificates present in the home. CG#5 No current First Aid certificate present in the home.

41.(c) CG#3 lacks 5 hours annual training and CG#4 lacks 10 hours annual training.

41.(e) CG#5: CTA approval form not present in the home.

May 14 16 10:58a

Written Plan of Action

Re: 7.(b)(1)(c), 7.(b)(2), 41.(a)(3), (7), (8), (c) and (e)

CG's #3, #4, #5 removed because CG #3, #4, #5 unable to provide document requested. This will not happen in the future because the home now applied for a reliable CG and submitted to CTA

