

Foster Family Home - Corrective Action Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-3

94-1030 Mahoe Place

Reviewer:

Waipahu HI 96797

Begin Date: 1/27/2016

End Date:

2/23/16

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

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

Comment:

Home survey conducted for recertification of three client CCFFH [REDACTED] Corrective Action Report issued with all deficiencies to be corrected [REDACTED]

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 3: Only fingerprint in file [REDACTED]
CG4: Only FP in file [REDACTED]

7.1.(a)(2)
CG3: APS/CAN; [REDACTED] in file.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5)
No confidentiality training in file.

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

41 (b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41 (b)(5)(C)(ii)
CG5: No current TN screen.

Foster Family Home - Corrective Action Report

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4)

A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

Comment:

41.(3P)(a)(4)

CG2: No job experience in file.

Foster Family Home

Physical Environment

[17-1454-48]

48.(e)

The home shall have policies regarding smoking on the property that:

Comment:

48.(e)

No smoking policy.

Foster Family Home

Client Rights

[17-1454-50]

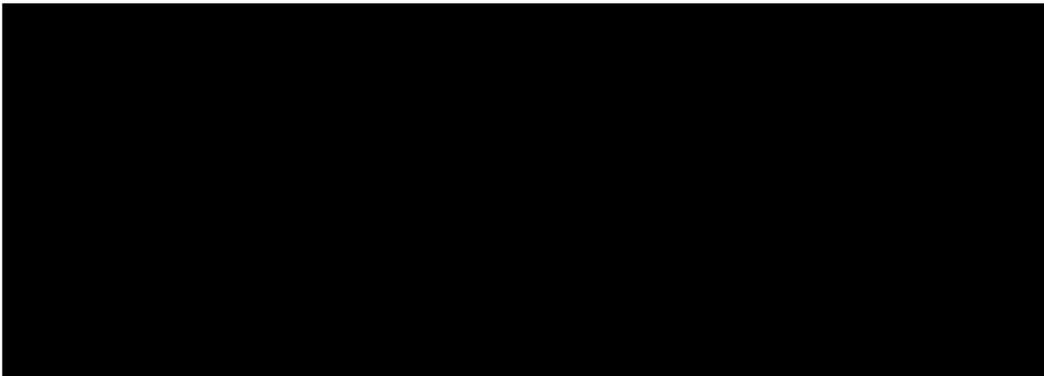
50.(b)(15)

Have daily visiting hours and provisions for privacy established.

Comment:

50.(b)(15)

No visiting hour policy.





TO: Whom it may concern:

Attn: RN, BSN, CTA Compliance manager

Rule 7.1(b) Need Finger Print

CG 3: taken [redacted] send copy CTA

CG 4: Caregiver done FP [redacted] on her file and send copy CTA

13-1(b)(5) Confidentiality training in file send copy to CTA

CG (5) Current TB - done [redacted] send copy CTA

41(b)(7)(a)(4) CG 4: Job experience in file - send CTA

48(e) Smoking Policy: done send CTA

50(b) 15: Visiting hour Policy: done send CTA

I plan to update all requirements before the due date, by putting it in my calendar and in my refrigerator that is visible, that way reminds me the expiration dates.

Hoping for your kind consideration.

Respectfully yours,

