

Foster Family Home - Corrective Action Report

Provider ID: 4-100031

Home Name: Mineriza Pascua, CNA

Review ID: 4-100031-7

1530 Eukane St.

Reviewer:

Honolulu

HI 96818

Begin Date: 3/7/2016

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 for 3 client CCFFH. Corrective action report issued during review and due to CTA [REDACTED]. See applicable sections 6.(d)(1)

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#2 Second set of fingerprints should have been completed [REDACTED] to be in compliance. Fingerprint completed [REDACTED]

7.1.(a)(2) CG#2 APS/CAN should have been completed [REDACTED] to be in compliance. APS/CAN completed [REDACTED]

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#2 CPR and First Aid lapse [REDACTED] Current CPR and First Aid on record during review.

Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) CCFFH has one private pay client and one Medicaid pending client. CCFFH are not allowed to have more than one Private pay client at a time.

3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(c) The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

45.(3P)(c) CCFFH has 2 bed bound clients in a 3 client CCFFH. Only 2 CG's in CCFFH available at all times. Not enough staffing in CCFFH for designated person at all times capable of evacuating the 2 bed bound clients in the CCFFH

ATTN:

- 1. (a)(1) CG #2 fingerprint completed [redacted] late, but on record [redacted]
 - Put sticky note in front of my desk, check every month make sure will not lapse again.
- 2. (a)(2) CG #2 APS/CAN completed late [redacted]
 - Put on calendar 2 months before when is due ✓ every month. So not going to be late again.
- 4. (b)(8) CG #2 CPR + FIRST AID LAPSE.
 - keep sticky note front + center on the bridges. Check every month make sure will not lapse again.
- 3. (b) I have client #1 (private) and client #2 (medicaid pending) So, just find out that client #2 is consider private pay client #2 already transfer [redacted] [redacted] from now on, IF I already have private Patient, I will not accept ^{any} medicaid pending bec. that is consider a private pay.
- 5. (3P)(c) I have 2 bed bound patients, but client #2 already transfer out [redacted] into another foster home. bec. I don't have enough back-up during the day. For now, I only accept one bed bound one of the time for safety reason in case get fire. [redacted]