

Provider ID: 1-120077

Name: Myrna Andres, NA

Review ID: 1-120077-5

91-1054 Kaniki Street

Reviewer: f

Ewa Beach

HI

96706

Begin Date: 1/25/2016

End Date: 4/5/16

Foster Family Home

Require Certificate

[17-1454-6]

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

Home Survey 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,

Comment: CG2: Will be forwarded to CTA. APS-CAN-ECREME shows no record found, therefore a clean record.

7.1.(a)(1)

CG2: No Fingerprint record in file.

CG2: WAS APPROVED FOR CTA [REDACTED] [REDACTED]
CCFFH: BACKGROUND CHECK SCHEDULE. FORWARDED TO CTA.

Personal Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(3) There is no provision for a three-hour or less substitute caregiver in CCFFGs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment: HHM2: Removed as a three-hour caregiver substitute; notify all case managers

41.(3P)(b)(3)

HHM2 must be removed as a caregiver in a three client CCFFH.

Foster Family Home

Records

[17-1454-52]

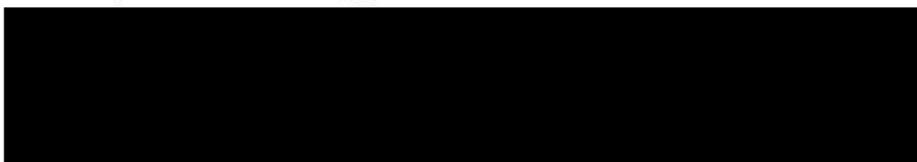
52.(b)(1) Permit effective professional review by the case management agency, and the department, and

Comment 52.(b)(1): Forwarded to CTA; Medication order is updated. CG2: Completed RN delegation and added to file.

Client 1, CMA 1: Order [REDACTED]

CG2: No Nursing delegation in file.

Comment: I will make sure that all documents are updated to keep and endure a great safe service and residence for the clients. Thank you for your kind consideration.



7.1.(a)(1)

CG2: No Fingerprint record in file.

Comment: Nexttime when hiring a substitute, I will make sure all important requirements and documents for the state law are updated. Fingerprint letter [REDACTED] endure no files on any reportable criminal convictions. Current APS CAN, E CRÈME forwarded to CTA.

CG2: Fingerprint letter [REDACTED] showed search of no information on file of any reportable criminal convictions. Current APS CAN, E CRÈME, was forwarded to CTA.

41.(3P)(b)(3)

HHH2 must be removed as a 3 client CCFFH.
Comment: I will make sure I will email or fax the substitute care giver change notification to the CTA.

52.(b)(1)

Client I CHA I: Order [REDACTED]
and PRN, MAR states [REDACTED] PRN.

CG2: No nursing delegation in file.

Comment: Client I CHA I: [REDACTED]

To correct

this mistake, I will review all of the medication statements for it's acuracy. If I see any discrepancies, I will notify the Doctor and case manager, RN, and all the people involved in the care of the client. Thank you for your kind consideration and time.

Sincerely,

