

Foster Family Home - Corrective Action Report

Provider ID: 1-579584

Home Name: Poblezita Villator

Review ID: 1-579584-1

91-941 Kalapu St.

Reviewer:

Ewa Beach

HI 96706

Begin Date: 3/11/2016

End Date: 4/1/2016

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

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

Comment:

6 (d)(1) The NEW Home visit [REDACTED] for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA [REDACTED]

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

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) HH#1 Fingerprinting records not present in the home.

7.1.(a)(2) CG#1 Needs to renew APS/CAN before certification for new home. CG#2 2nd sets of APS/CAN not present in the home. HHM#1 APS/CAN not present in the home.

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

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.(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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG#1 TB Clearance completed with negative results [REDACTED] but unclear what the test results was for.

41.(b)(8) CG#2 BBP expired [REDACTED] and current BBP certification card not present in the home.

41.(e) CG#2 and CG#3 CTA approved documents for SCG not present in the home.

41.(f)(1) HHM #1 PPD expired [REDACTED] and no current PPD for TB clearance present in the home.

Written Plan of Correction

[REDACTED]

7-1(a)(1) #HM#1 Now has FP done [REDACTED]. The home will utilize a note book to track when personnel requirement are due to prevent any requirement from expiring in the future.

7-1(a)(2) CG#1 Now has APS/CAN done [REDACTED].
CG#2 Second sets dated [REDACTED] #HM#1
Now has APS/CAN done [REDACTED]. The home will utilize a calendar to track when personnel requirement are due to prevent any requirement from expiring in the future.

41.(b)(7) CG#1 TB clearance done [REDACTED].
The home will utilize a calendar to track when personnel requirement are due to prevent any requirement expiring in the future.

41.(b)(8) CG#2 Now has done BBP [REDACTED]. The home will utilize a calendar to track when personnel requirement are due to prevent any requirement from expiring in the future.

41.(e) CG#2 CTA has a approved form [REDACTED].
CG#3 CTA has a approved form [REDACTED].
The home CG#2 & CG#3 information

Written Plan of Correction

41-(F)(1) ##M#1 Now has PPD done with negative result [REDACTED]. The home will utilize a Calendar to track when personnel requirements are due to prevent any requirement from expiring in the future.

All documents required was fax to CTA

4/10/2016

Poblyita J. Villator

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Ewa Beach HI 96706