

Foster Family Home - Corrective Action Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

Review ID: 1-560301-4

94-450 Hamau Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/6/2016

End Date: 6/03/16

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 [REDACTED]. Corrective action report issued at time of 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;

Comment:

7.1.(a)(1) CG#1 E-Crim completed [REDACTED]. To be in compliance E-Crim needed to be completed [REDACTED]

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5)CG#2 Driver's License expired [REDACTED]. No current I.D in record during review.

41.(b)(8)CG#5 First Aid expired [REDACTED]. No current First Aid in record during review.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) CG#3,#4 did not lead fire drill [REDACTED]

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Client #1 Service plan needed to be signed [REDACTED] to be in compliance. [REDACTED]

Forster Family Home-Corrective Action Report

- 7.1(a)(1) CG #1 - E-Crim completed late, but current. Will make a list of all caregivers of when E-Crim is due. I will check frequently and will make a list of all CG's as when they expire. Will keep the list in front of my binder, to remind me when they are due/expire.
- 41.1(b)^{#5} CG #2 - New Drivers license filed in caregiver #2. I will check frequently when they expire. Will have an updated drivers license. Notify caregivers when drivers license expire and will need a copy immediately.
- 41.1(b)(8) CG #5 - First aid filed in caregiver #5. Reason was due to placing information on another caregiver folder. I will check the information that was given, a verify at its right location. Will remind my caregivers if first aid is expired and will need a copy immediately. Will keep a list in front of my binder.
- 45.(a) CG #3#4 - I will perform fire drills on all of my caregivers once a year. I will keep a list in front of my binder to remind myself a fire drill needs to be read.
- 52(c) client #1 - To my clients current individual service plan. I have to check when it is appropriate for a signature. I will check every six months. If any one has signed or completed on time it is my responsibility to check if everyone has signed + dated.