

Foster Family Home - Corrective Action Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA

Review ID: 5-130034-3

4131 Hooohana Street

Reviewer:

Lihue

HI 96766

Begin Date: 6/17/2016

End Date: 6/24/2016

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

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

Comment:

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)CG#1 Blood borne pathogen (BBP) expired [REDACTED] but renewed [REDACTED] with about 6 weeks lapse. CG#2 CPR and first aid expired [REDACTED] but renewed [REDACTED] with about one month lapse; BBP expired [REDACTED] but renewed [REDACTED] with about 5 months lapse. CG#3 BBP expired [REDACTED] but renewed [REDACTED] with about 4 months lapse. CG#4 BBP expired [REDACTED] but renewed [REDACTED] with about 5 days lapse.

41.(c) CG#3 annual training lacked 10 hours for 2 years period or since last visit [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 section 8 for Special Information, CPR not checked according to doctor's order from the Provider Order for Life Sustaining Treatment (POLST).

Compliance Manager

Rose Ann Cabe

Primary Care Giver

Date

6.17.2016

Date

Written Plan of Correction



41. (b)(8) CG#1, CG#2, CG3, & CG#4 will not lapse in Blood Borne Phatogen, CPR, and First Aid because the home now has a special calendar for all requirements before due date.

41.(c) CG#3 The annual training will not lacked again in hours because the home now has a special calendar to remind CG#3 to attend the annual training.

Client#1

52.(c)(2) The service plan now corrected by the case manager. This will not happen again because the home will coordinate with the case manager for any missing information in clients chart.



Signed: Rose Ann Cabe 6/18/2016
ROSE ANN CABE
4131 Hoohana St.
Lihue, HI 76766