

Foster Family Home - Corrective Action Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

161 West Papa Avenue

Kahulul HI 96732

Review ID: 4-140066-1

Reviewer:

Begin Date: 4/30/2015

End Date:

5/15/15

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

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.

Comment:

41.e. No CTA SCG Approval form found in file for CG#2 and CG#3.

Foster Family Home Physical Environment [17-1454-48]

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

48.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.a.1. No non-slip mat found in shower.

48.a.2. No grab bars installed in shower and around toilet area.

48.c.2. No disinfecting equipment found that adheres to the infection control procedures.

48.e. No smoking policy found in file.

Foster Family Home Client Rights [17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.b.15 No visiting hours found in file.

Foster Family Home Records [17-1454-52]

52.(a)(1) Emergency procedures and an evacuation map;

Comment:

52.a.1. No evacuation map found in home.

Compliance Manager

4/30/15

Date

Primary Care Giver

Date