

Foster Family Home - Corrective Action Report

Provider ID: 4-100057

Home Name: Sally Bermudez, CNA

Review ID: 4-100057-5

679 Maika Place

Reviewer:

Wailuku

HI 96793

Begin Date: 6/7/2016

End Date:

8/15/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 6/7/16. Corrective Action Report issued during home visit with all items due to CTA by 7/7/16.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

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)(2) - CG #5 needs current APS/CAN.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(a)(1) Reside in the community care foster family home;

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

Comment:

41.(a)(1) - CG #1 needs proof of ownership or rental agreement.

41.(b)(8) - CG #2 needs current CPR, First Aid, and Blood Borne Pathogen certification.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) - CG #5 did not lead a fire drill during the past year.

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Quality Assurance

[17-1454-48.1]

48.1.(a)

The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - No Emergency Preparedness Plan present.

Compliance Manager

Primary Care Giver

Date

Date

7/12/16

Sally Bermudez Foster Care Home

- 7.1.(9)(2) Sent CTA A current APS/CAN GG #5 on 7/15/16
- 41.(9)(1) - Sent CTA a proof of ownership (mortgage payment, title, Homeowner Insurance) on 7/15/16
- 41.(b)(8) - Sent CTA a current CPR, First Aid & Blood Borne Pathogen Certification for CG # 2 on 7/15/16
- 45.(3P)(b)(6) Sent CTA a monthly fire drill log showing CG #5 lead a fire drill on 7/15/16
- 48.1(a) - Sent CTA a signed emergency preparedness plan on 7/15/16

Signed by all caregivers.
I have listed all items with expiration dates (APS/CAN CPR, TB) and placed in the front on my CTA binder and will review every month.

I will keep a copy of my mortgage emergency preparedness plan and monthly fire drill in my CTA binder each CG will lead a fire drill at least once a year


7/20/16