

# Foster Family Home - Corrective Action Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-4

37 Hauola Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 4/28/2016

End Date:

8/8/16

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

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

Comment:

Re-certification visit made on 4/28/16 for 3 client CCFH. Corrective action report issued during re-certification due by 5/28/2016. 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;

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) CG#3 only fingerprint on record is 7/16/13. Needs second set of finger prints
- 7.1.(a)(2) CG#3 only APS/CAN on record is 7/16/13. To be in compliance APS/CAN due by 7/16/14.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

- 41.(a)(3) CG#4 no job experience form in record.
- 41.(b)(7) CG#1 No proof of positive PPD or CXR and utilizing sign and symptom checker form for T.B
- 41.(b)(8) CG#2, and CG#3 no First aid in record from 4/14/15 to current.
- 41.(f)(1) HHM#1 No proof of positive PPD or CXR and utilizing sign and symptom checker form for T.B

\_\_\_\_\_  
Compliance Manager

*Adrian*  
\_\_\_\_\_  
Primary Care Giver

4/28/16  
Date

4/28/16  
Date

Jenifer Delos Trinos

6/16/16

7.1 (a)(i) CG#3: Send the copy to CTA office and keep a copy in my files and create a reminder when to do it again. For CG#3 create a note and place it in front of the folder as a reminder when to be done again. The home submitting a copy of APS/CAN and will be kept in file for my copy and to make sure it is up to date.

41 (b)(7) CG#1: Home found a copy of xray. I will make sure the proof of record attached to my file is for the right person on the file. Make sure everything is correct and create a table of content for each caregiver record for future updating of records.

41 (b)(8) CG#2 and CG#3: Home cannot find the first aid record on file. 4/14/15, CG#2 first aid is attached to file. From 4/14/15 to present. I will make a table of contents on each of my CG#1, #2, and #3 to make sure they are all up to date and correct for my caregivers.

41 (a) (3) CG#4: Home found a copy of job and experience as a CNA, it is now filed to make sure it is organized and up to date.

41 (f)(i) HHM#1: Tuberculosis clearance was not found during visitation, HHM#1 found the tuberculosis clearance and attached to file, make sure they are all in proper person when it comes to filling to prevent mix up for future use.

Respectfully yours,  
Jenifer Delos Trinos

Addendum: 7.1(a)(i) CG#3: APS CAN Fingerprint done on 5/10/2016 with a green light result. I will keep a copy on my file and will send a copy to the office. I will make sure the file is up to date every every six months.