

# Foster Family Home - Corrective Action Report

Provider ID: 1-090067

Home Name: Jullen Vergara, CNA

Review ID: 1-090067-10

45-138 D William Henry Road

Reviewer:

Kaneohe

HI 96744

Begin Date: 8/2/2016

End Date:

10/10/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/2/2016 for recertification review of 3 bed home. A corrective action report was issued at time of review with compliance due by 9/2/16.

6.(d)(1) Refer to appropriate sections of this review.

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) Absence of criminal checks for HHM's 3,4,5,6,7,8,9, living upstairs. There is stairway connecting to foster home.  
7.1.(a)(2) Absence of Protective service checks for HHM's 3,4,5,6,7,8,9, living upstairs.

Foster Family Home

Personnel and Staffing

[17-1454-41]

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

Comment:

41.(f)(1) No evidence of TB clearance for HHM's 3,4,5,6,7,8,& 9

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41](3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(a)(4) Job experience form for CG #2 is absent.

41.(3P)(b)(2) No sign out/sign in sheets since October 2015. These are required whenever Primary care giver is absent from home.

Compliance Manager

*Jullen A. Vergara*

Primary Care Giver

Date

9/12/16

Date

September 21, 2016

From: Julien Vergara Foster Home

Provider No.1-090067-10

To: Joan Scalzone

Corrective Action

41.(3P)(a)(4) Job experience Form for CG #2 is absent. I submitted it already. I see to it that I always have those CG#2 experience all the time.

41.(3)(b)(2) No sign out/sign in sheets since October, 2015. I submitted it already. I see to it that I sign in and out all the time when I go out.

7.1(a)(1) Criminal History was submitted now for HHMs3,4,5,6,7 & 9. I see to it that I submitted every year the criminal history of all the people that live up stair in my house. *A file made to remind when due*

41.(F)(1) TB clearance was submitted for HHMSs 3,4,5,6,7 & 9. I make sure that I submitted all the TB clearance for all the people that live upstairs in my house. I also do not let them mingle with my client. *A file made to remind when due.*

Very truly yours,

*Julien Vergara*  
Julien Vergara  
Julien Vergara Foster Home

