

# Foster Family Home - Corrective Action Report

Provider ID: 1-511693

Home Name: Leslie Domingo, CNA

Review ID: 1-511693-4

91-554 Aekal Place

Reviewer:

Ewa Beach HI 96708

Begin Date: 2/8/2016

End Date: 4/11/16

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

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

Comment:

Home survey conducted for recertification of three client CCFH 2/8/2016. Corrective Action Report issued with all deficiencies to be corrected by 3/8/2016.

## 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)  
CG1 and HHM 1: APS/CAN results for 8/2014 only.  
CG2 and CG3: No APS/CAN results in file.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(3) Inform clients about their confidentiality practices;

Comment:

13.1.(b)(3)  
No record of confidentiality training in file.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)  
HHM1: Is TB negative and last TB test was 8/29/2014.

## Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5)  
Client 1:  
No discontinued order found for a medication

Compliance Manager

Primary Care Giver

2/8/16  
Date

2/8/16  
Date

0

Leslie Domingo

91-554 Aekal Place

Ewa Beach Hawaii 96706

March 22, 2016

71(A)(2) Got a new APS/CAN for cg1,cg2,cg3 and HHM1 and result are in the file.

Prevention; Have a list of expiration dates that check regularly.

13(b)(3) Trained HHM and CGS and form is in file.

Prevention; Whenever new caregiver comes train them in confidentiality.

41(b)(5) Current TB Test in file. I don't need to get one since the due is Aug. 20016.

52(c)(5) Discontinuation is now in file.

Prevention; Whenever meds are discontinued will be sure to get an order from Physician.

