

Foster Family Home - Corrective Action Report

Provider ID: 1-120066

Home Name: Emely Castro, CNA

Review ID: 1-120066-8

94-1227 Kahuaina St.

Reviewer:

Waipahu HI 96797

Begin Date: 10/21/2016

End Date:

11/8/16

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 CCFFH recertification review made on 10/21/16. Corrective Action Report issued during home visit with all items due to CTA by 11/21/16.

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

Comment:

7.1.(a)(1) - No second year fingerprints for CG #2 (first fingerprints done on 10/24/14).

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #2.

3 Person Staffing 3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH 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 CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) - No sign in/sign out sheet done since January 2016.

Foster Family Home 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) - Emergency Preparedness Plan not signed by all CG's.

Compliance Manager

Emely C. Castro

Primary Care Giver

Date

10/21/16

Date

Nov 18 16 03:03p

p.2

Written Plan Correction

7.1.(a).I sent CTA a current fingerprint check for CG#2on 11/18/2016

41.(b)(7).I sent CTA a current TB clearance for CG #2 on 11/18/2016

41.(3p)(b)(2).Isent CTA a sign in and sign out sheet for October2016

48.1.(a) I sent CTA a signed Emergency Preparedness Plan,including all CG's

I added expiration dates for APS/CAN/fingerprints and TB to my I phone calendar.I now understand how to do the sign in/sign out sheet and will keep it current from now on.I will have all new CG's read and sign the Emergency Preparedness Plan when I hired them.

Emely C. Castro

EMELY C CASTRO

94-1227 Kahuaina St

Waipahu HI 96797

11/18/16