

Foster Family Home - Corrective Action Report

Provider ID: ~~5-120063~~

Home Name: Emily Maritano, CNA

Review ID: 5-120063-5

3250 Unahe Street

Reviewer:

Lihue

HI 96766

Begin Date: 10/14/2016

End Date: 11/23/16

~~Foster Family Home~~

~~Required Certificate~~

~~[17-1454-6]~~

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

Comment:

6 (d)(1) Home visit made on 10/14/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/14/2016.

6 (d)(1) see applicable 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) CG#2 lapsed eCrime due on/before 11/13/15 done 6/3/16.

7.1.(a)(2) CG#3 lapsed Adult Protective Services and Child-Abuse-Neglect (APS/CAN) due on/before 7/8/16 done 10/3/16 and CG#4 lapsed APS/CAN due on/before 8/20/16 done on 9/29/16.

~~Foster Family Home~~

~~Information Confidentiality~~

~~[17-1454-13.1]~~

13.1.(c) Information about an applicant or recipient shall not be used or disclosed unless;

Comment:

13.1.(c) Client #3 Consent Form not present in the client's record.

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Foster Family Home

Personnel and Staffing

[17-1454-41]

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.(b)(7) No proof of current positive/negative TB skin test for CG#4.

41.(b)(8) CG#1 lapsed CPR and 1st Aid due on/before 2/20/15 done 3/29/15, and Blood Borne Pathogen (BBP) due on/before 5/31/16 done 8/2/16. CG#2 lapsed BBP due on/before 6/1/15 done 4/23/16. CG#3 lapsed BBP due on/before 6/17/16 done 8/11/16. CG#4 lapsed CPR due on/before 8/9/16 done 10/3/16, 1st Aid due on/before 5/7/16 done on 6/3/16, and BBP due on/before 1/27/16 done on 8/2/16.

41.(f)(1) HHM#2 lapsed TB clearance due on/before 12/5/15 done on 6/9/16.

Compliance Manager



Primary Care Giver

Date

10/14/16

Date

Written Plan of Correction

November 18, 2016

The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

7.1.(a)(1) CG#2 will not lapse in eCrim in the future because the home now has a list of reminders before due date.


7.1.(a)(2) CG#3, #4 will not lapse in the APS/CAN in the future because the home now has a list of reminder for all requirements before due date.

41.(b)(7) CG#4 TB Clearance with proof on September 26,2005. CCFFH secured copy of the result and now kept in the home binder together with updated TB clearance.

13.1(c) CM provided consent form for Client#³ completed. This will not happen again because it is filed in the client's binder at all times.

41.(b)(8) CG#1, #2, #3, & #4 will not lapse in CPR, First Aid, and BBP respectively The home now has a list of all requirements before due date.

41(f)(1) HHM#2 TB clearance will not lapse in the future because the home will prevent this with the check list for due date before it expires.

 11/18/16

Emily Mariano
CCFFH Operator
3250 Unahe St., Lihue
Hi 96766