

Foster Family Home - Corrective Action Report

Provider ID: 1-150029

Home Name: Joni-Lyne April Nicolas Danao, CNA Review ID: 1-150029-2

94-1145 Keahua Lp. Reviewer:

Waipahu HI 96797 Begin Date: 5/4/2016 End Date: 7/15/16

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

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

Comment:

6.d.1 Survey performed for a 2 bed CCFFH recertification on 5/04/16. A corrective action report was issued during the home visit with a written plan of correction due to CTA by 6/04/16. See applicable sections of this report. Unable to contact CCFFH or PCG. Corrective action plan was not received. Home closed by CTA on 7/15/2016

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

41.(a)(2) Be a NA, an LPN, or a RN;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(2) CG#1 CNA license expired on 4/21/16. No current license in record during review.
41.(b)(8) CG#1 lapse in blood born pathogens from 8/21/15- 2/06/16
41.(c) CG#1 no annual training for 2015 in record during review.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) No fire drills in record from September 2015 to April 2016

Home closed after survey.

Compliance Manager

Date

Primary Care Giver

Date