

Foster Family Home - Corrective Action Report

Provider ID: 1-090124

Home Name: Marites Fiesta, CNA

Review ID: 1-090124-5

94-1260 A Peke Place

Reviewer:

Waipahu

HI 96797

Begin Date: 10/21/2016

End Date: 11/20/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for 3 person 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

Personnel and Staffing

[17-1454-41]

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

Comment:

41.(f)(1) HHM#3 does not have a current TB skin test in the record

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(4) To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

41.(3P)(b)(4) SCG#3 does not have current CNA license in binder.

Compliance Manager

Marites A. Fiesta

Primary Care Giver

11/20/16

Date

10/21/16

Date

WRITTEN PLAN OF CORRECTION

DATE: November 16, 2016

41.(f)(1) HHM #3 does not have a current TB skin test in the record.
HHM #3 no longer reside in the home.

The home will notify CTA for moving in and moving out HHM

The home will keep track on the date to renew/ acquire TB screen test on every HHM by using calendar reminder posted on the bulletin board.

41.(3P)(b)(4) SCG #3 does not have current CNA license in the binder.
The home received the copy of CNA license of SCG #3 and was filed in the binder.

The home will have calendar reminder on all the documents needed to fully comply with the department's requirement on the desktop and on the calendar posted on the home bulletin board.


Marites M. Fiesta

94-1260 Peke Place, Waipahu

Hawaii, 96797

November 16, 2016