

Foster Family Home - Corrective Action Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-2

41-532 Inoaole St.

Reviewer:

Waimanalo

HI 96795

Begin Date: 11/29/2016

End Date: 12/6/2016

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 11/29/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/29/2016.

6 (d)(1) see applicable sections of this review.

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) CG#2 current Adult Protective Service and Child Abuse Neglect (APS/CAN) checks not present in the home.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

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

Comment:

41.(b)(4) CG#2 Disclosure form not present in the home.

41.(b)(8) CG#1 lapsed on Blood borne pathogen (BBP) due on 2/4/16 done on 8/5/16. CG#2 Current BBP not present in the home.

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) Documentation for fire drill at night not present in the home.

Compliance Manager

Primary Care Giver

Date

NOV 29, 2016

Date

WRITTEN PLAN OF CORRECTION

DECEMBER 5, 2016

1.) 7.1 (A)(2) CG#2 THE HOME RELOCATED APS/CAN 4/11/2016.

2.) 41. (B)(4) CG#2 DISCLOSURE FORM COMPLETED BY CG#2 ON
NOVEMBER 29,2016.

3.) 41. (B)(8) CG#1 WILL NOT LAPSE BLOOD BORNE PATHOGEN (BBP)
**AGAIN NEXT TIME. CG#1, CG #2 COMPLETED BLOOD BORNE
PATHOGEN (BBP) DATED DECEMBER 2,2016.**

4.) 45. (A) FROM NOW ON THE HOME WILL CONDUCT DOCUMENTS AND
MAINTAIN A RECORD IN THE HOME FOR FIRE DRILLS AT
DIFFERENT TIMES OF THE DAY; EVENING, & NIGHT SO THIS
WILL NOT HAPPEN AGAIN IN THE FUTURE.

ALL THE ABOVE WILL NOT HAPPEN AGAIN BECAUSE THE HOME HAS A
TRACKING LOG FOR ALL PERSONEL REQUIREMENTS ARE DUE TO PREVENT
ANY REQUIREMENTS FROM EXPIRING IN THE FUTURE.


BRENDA SANDERS

41-532 INOAOLE STREET
WAIMANALO, HI 96795

DATE: 12/5/2016