

# Foster Family Home - Corrective Action Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

94-728 Loaa Street

Waipahu HI 96797

Review ID: 1-120010-6

Reviewer:

Begin Date: 12/6/2016

End Date: 12/22/16

## 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 for a 3 bed re-certification survey. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 1/6/17.

## 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 eCrim State name background checks lapsed: CG#1 was due on/before 1/23/16 and was done on 1/28/16; CG#2 was due on/before 1/28/16 and was done 3/2/16

7.1.a.2 APS/CAN checks lapsed for CG#2: was due on/before 1/28/16 and was done 2/15/16

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

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.b.8 CPR/First Aid lapsed: CG#1 was due for both CPR and 1st aid on/before 1/27/16 and was done 1/28/16. CG#2 was due for CPR on/before 3/28/15 and was done on 4/13/15.

41.f.1 HHM#1 has a negative skin test present for 12/2/2016, no skin test present for 2015, only a screening form is present.

HHM#2 and HHM#3 have a negative skin test present for 6/6/13, no skin test present for 2016, only a screening form is present, no proof of positive TB in file.

## 3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.3P.b.6 No proof of fire drill being conducted by CG#<sup>2</sup> present for 2015 or 2016.

# Foster Family Home - Corrective Action Report

Foster Family Home


Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

-----  
Comment:

46.d.1 Client #1 has and on service plan, no orders present.

  
\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

12/06/2016  
Date

\_\_\_\_\_  
Date

RECEIVED FAX DEC 10 2016 01:00PM Fax Station : CTA page 1

**JEFF GRACE CAMACHO**

Community Care Foster Family Home  
Address:94-728 Loaa Street  
Waipahu Hawaii 96797

**UPDATED PLAN OF CORRECTION**  
As of 12/16/2016

41.f.1

All HHMs will received ecrim background checks on/before the due date expires. CCFH home will make calendar list of due date, sticky note or cellphone reminder to prevent any requirement from expiring in the future.

45.3P.b.6

CG#2 was already run a fire drill dated 12/14/16.CCFH will make sure to assign CG#2 to conduct fire drill each year and will be reminded by calling, texting, and will make a Calendar List of due date.

46.d.1

Doctor's Order was found after visit of CTA , ) dated 05/12/16 the and for  
Client was on file.



Signed: Grace Camacho 12/16/16  
Title: Primary Caregiver/ Care Home Operator

**JEFF GRACE CAMACHO**

Community Care Foster Family Home  
Address:94-728 Loaa Street  
Waipahu Hawaii 96797

**PLAN OF CORRECTION  
As of 12/09/2016**

**7.1.a.1**

All caregiver will received ecrim background checks on/before the due date CG#1 on 12/28/18 before 01/28/18,CG#2 will process a eCrim background check a month on 02/02/18 before 03/02/18. CCFFH home will make calendar list of due date, sticky note or cellphone reminder to prevent any requirement from expiring in the future.

**7.1.a.2**

CCFFH will make sure that CG#2 received APS/CAN on 01/15/18 before 02/15/18 and will make a note or reminder on the calendar list of due dates.

**41.b.8**

CG#1 will make a reminder on her file before the date lapsed that she has to do CPR/First Aid. CG#3 CCFFH will remind before CPR it expire .

**41.f.1**

CCFFH will make sure that HHM#1 will do TB skin test prior to the last due date, HHM#2 & HHM#3 skin test is done 12/08/16 is on file.

**45.3P.b.6**

CCFFH CG#2 will make sure schedule to conduct a fire drill and will put in the calendar list to remind CG#2.

**46.d.1**

t and \_\_\_\_\_ for Client \_\_\_\_\_ has a Doctor's Order dated 05/12/16 and it's on file.



Signed: Grace Camacho 12/09/16  
Title: Primary Caregiver Care Home Operator