

Foster Family Home - Corrective Action Report

Provider ID: 1-150058

Home Name: Grace Dolor, RN

Review ID: 1-150058-2

45-216 Makahio St.

Reviewer: -

Kaneohe HI 96744

Begin Date: 8/16/2016

End Date: 9/13/16

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 8/16/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/16/2016.

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;

Comment:

7.1.(a)(1) CG#1 and CG#2 Second set of fingerprinting not present in the home.

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.

Comment:

41.(b)(8) CG#1 No current Blood Borne Pathogen training certificate 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) Fire drill conducted without proper documentation and record maintenance.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) CG#3's Liability Insurance not present in the home.

Compliance Manager

Grace R. Dolor
Primary Care Giver

Date

8/16/16
Date

September 11, 2016

The statements made on this 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 CCFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

7.1 CG #1 and SCG #2 Second sets of fingerprinting completed on 8/31/2016. The home will make sure in the future to keep all requirements up to date, and will use of a calendar to keep track of requirements before the due date.

4.1 CG #1 Bloodborne pathogen training certificate relocated dated August 22, 2016. The home will keep better track of the documents, and will keep the documents in the binder at all times.

4.5a Fire drill will be conducted every month, and will keep the fire drill documents up to date. The documents will be kept in the binder at all times.

49.a CG#3 was added to the liability insurance started August 23, 2016. The home will include all approved SCG in the liability insurance. The documents will be kept in the binder at all times.

09/11/2016

The above documents were attached & received. SD

Grace R. Dolor
Grace Dolor
45-216 Makahio Street
Kaneohe, HI 96744