Foster Family Home - Corrective Action Report

Provider 10: 4-58289	2						CONTRACTOR OF
Home Name: Imelda	Villaspir		Review (D:	1-582892		• • • •	and the control of th
94-647 Kupuna Loop			Reviewer:				
Walpahu	н	96797	Begin Date:	12/22/201	5 End Date:	2/3	116
Foster Family Home	Ro	quired Certificate			[17-1454-6]		
	all for recited by 1	ertification of three 1/22/2016.	viding con current in client CCFFH	pies of n compli 12/22/201	5. Corrective Acti	ms an ent. of on Repor	d to avoid this in Health and CTA a be tissued with all present in book at all times
	Dac	kground Checks			[17-1454-7.1]		i ii (iii)
7.1.(a)(2) Be subj	ject to so	fult protective service	e perpetrator ch	ecks if the i	ndividual has direct	contact w	lih a client and
7.1.(a)(2)	copy	y of 2013	APSICAN	for	CG1,2 a	nd 3.	•
No results for 2013 APS Foster Family Home		r CG1,2, and 3. connel and Staffir	ìg	į	[17-1454-41]		
11.(b)(5)(C)(ii) Have a	current t	uberculosis clearano	e:				
Comment: Evolused 41.(b)(5)(C)(ii) CG 1 last TB screen in file	copy		•	ical Ci	comination	with	TB Clearance
Person Staffing		rson Staffing Req			17-1454-41] (3P)	•	
primary (caregives caregives 200 1 200 1 One led out	ary caregiver to be a five hours per day; is absence. Where rer is mandated to be TAUGHT by the property CG1 talical Environment	the primary carry a Certified Nur O MYN Divol	CCFFH for ce substitute agiver is absorbed Alde. In Cana Le from a factor of the fac	no more than twent caregiver is presentent from the OCFF	Hin exces	OFFH during the is of the hours, the
i.(d)(1) The certif	icate hol	der shall ensure the	the minimum n	hundan amul			ecified in this section
are met; a comment: Book 700m	and Wa	a closed in	י אייניייייייייי	night was	The C. Y.	nts as spi	ecitied in this section
8.(d)(1) 1/3/16 and in the back door opens in to alls or door. Room was sooms.	f nee one clie at up to	ded to be change from the color of the change three clients	neck by women is separate with curtains	ompliour difformitians between b	412 UNO ADI WE MONAGE Illy/common living leds, but two have	or the r pleix area by been in	T wan completed se free to do so. a curtain only-no oved to private
Count			~~~				
Complia	. ندر / در ا	nager			Date		
Primary	ATT S	some			_1113	3/16	
'age 1 of 1	wait G	iaca.			Date	- T	2+44a
•						12/	23/2015 14:41 PM

Foster Family Home - Corrective Action Report

Inelda VIIIaspir, CNA Review ID: 1-582892-3 14-647 Kupuna Loop Reviewer: Valpahu HI 98797 Begin Date: 12/22/2015 End Date: 2-(3) (6) Soster Family Homo Required Certificate [17-1454-6] Including Survey conducted for recertification of three client CCFFH 12/22/2015. Corrective Action Report Issued of Including Survey Conducted by 1/22/2016. Foster Family Homo Background Checks [17-1454-7.1] Including Survey Conducted for recertification of three client CCFFH 12/22/2015. Corrective Action Report Issued of Including Survey Conducted by 1/22/2016. Foster Family Homo Background Checks [17-1454-7.1] Including Survey Conducted for CG1,2, and 3. Soster Family Homo Personnel and Staffing [17-1454-41]	
Valpahu HI 96797 Begin Date: 12/22/2015 End Date: 2-(3) (6) Soster Family Home Required Certificate [17-1454-6] Comply with all applicable requirements in this chapter; and comment: dome survey conducted for recertification of three client CCFFH 12/22/2015. Corrective Action Report Issued velocitiencies to be corrected by 1/22/2016. Toster Family Home Background Checks [17-1454-7.1] 1.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client comment: 7.1.(a)(2) No results for 2013 APS/CAn for CG1,2, and 3.	
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Comment: 7.1.(a)(2) No results for 2013 APS/CAn for CG1,2, and 3.	!
	t; and
oster Family Home Personnel and Staffing [17-1454-41]	
1.(b)(5)(C)(ii) Have a current tuberculosis clearance:	
Comment:	
11.(b)(5)(C)(li) G 1 last TB screen in file is 12/4/2014.	
Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)	-
1.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a caregiver, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH duprimary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the substitute caregiver is mandated to be a Certified Nurse Aide.	iring the
11.(3P)(b)(2)	
G sign out sheet being filled out incorrectly. CG1 taught proper way by Compliance Manager. oster Family Home Physical Environment [17-1454-48]	
3.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in are met; and	n this section
omment:	
8.(d)(1) he back door opens in to one client's room. Said room is separated from family/common living area by a curtai alls or door. Room was set up to house three clients with curtains between beds, but two have been moved to ooms.	in only- no o private
Opendiana Managar	
Compliance Manager Date	
Primary Care Giver	

IMELDA VILLASPIR

94-647 Kupuna Loop, Waipahu Hi 96797

February 2,2016

RESPONSE TO CORRECTIVE ACTION REPORT

6.(d)(1)

I corrected deficiency by providing copies of required forms and to prevent this in the future, all forms should be current in compliance with Department of Health and CTA and to kept in file at all times.

7.1.(a)(2).

2013 APS/CAN provided-to prevent this from happening, to keep all copies in file

41.(b)(5)(C)(ii)

Enclosed copy of Annual Physical Examination with TB clearance and to keep all copies in file

41.(3P)(b)(2)

I was being tought by compliance manager on how to fill out sheet correctly and to be done the proper way in the future.

48.(d)(1)

Back room was closed provided with walls and door that was completed 01/03/16 and if needed to be check by compliance manager, please free to do so.