

Foster Family Home - Corrective Action Report

Provider ID: 1-582892

Home Name: Imelda Villaspir, CNA

Review ID: 1-582892-3

94-647 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 12/22/2015

End Date:

2/3/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment: I corrected deficiency by providing copies of required forms and to avoid this in the future, all forms should be current in compliance with Dept. of Health and CTA + be Home survey conducted for recertification of three client CCFFH 12/22/2015. Corrective Action Report issued with all present in deficiencies to be corrected by 1/22/2016. book at all times.

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: Enclosed copy of 2013 APS/CAN for CG 1, 2 and 3.

7.1.(a)(2)

No results for 2013 APS/CAN for CG 1, 2, and 3.

Foster Family Home

Personnel and Staffing

[17-1454-41]

11.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment: Enclosed copy of Annual Physical Examination with TB Clearance dated 11/24/15

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

CG 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 calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment: I was being taught by compliance manager to fill out sheet correctly and 1.(3P)(b)(2) to be done the proper way in the future. G sign out sheet being filled out incorrectly. CG 1 taught proper way by Compliance Manager.

Foster Family Home

Physical Environment

[17-1454-48]

1.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment: Back room was closed provided with walls and door that was completed 3.(d)(1) 1/3/16 and if needed to be check by compliance manager, please free to do so. ie back door opens in to one client's room. Said room is separated from family/common living area by a curtain only- no walls or door. Room was set up to house three clients with curtains between beds, but two have been moved to private rooms.

Compliance Manager

Primary Care Giver

Date

Date

1/13/16

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14-647 Kupuna Loop

Reviewer:

Waipahu

HI 96797

Begin Date: 12/22/2015

End Date: 2/3/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted for recertification of three client CCFFH 12/22/2015. Corrective Action Report issued with all deficiencies to be corrected by 1/22/2016.

Foster Family Home Background Checks

[17-1454-7.1]

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)

No results for 2013 APS/CAN for CG1,2, and 3.

Foster Family Home Personnel and Staffing

[17-1454-41]

1.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

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

CG 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 calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

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

CG sign out sheet being filled out incorrectly. CG1 taught proper way by Compliance Manager.

Foster Family Home Physical Environment

[17-1454-48]

8.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

48.(d)(1)

The back door opens in to one client's room. Said room is separated from family/common living area by a curtain only- no walls or door. Room was set up to house three clients with curtains between beds, but two have been moved to private rooms.

Compliance Manager

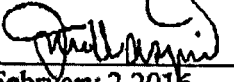
Primary Care Giver

Date

Date

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 taught 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.