

Foster Family Home - Corrective Action Report

Provider ID: 1-150054

Home Name: Katherine Fernando, NA

Review ID: 1-150054-2

91-111 Omilu Pl.

Reviewer:

Ewa Beach

HI 96706

Begin Date: 7/13/2016

End Date:

8/12/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 7/13/16. Corrective Action Report issued during home visit with all items due to CTA by 8/13/16.

6.(d)(1) - see applicable sections of the 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;

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),(2) - No current APS/CAN for CG #2 and #3. No current eCrim for CG #3.

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

Comment:

41.(b)(7) - No current TB clearance for CG #1, #2, #3, and HHM #1.

41.(b)(8) - No current CPR and First Aid certification for CG #1 and CG #2. No current Blood Borne Pathogen certification for CG #2 and CG #3.

41.(d) - No current CNA certification for CG #2.

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) - No record of fire drills since first client was admitted.

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Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan for signed by all CG's.

Compliance Manager
[Signature]

Primary Care Giver

7/13/16
Date
[Signature]
Date

WRITTEN PLAN OF CORRECTION

August 10, 2016

7.1. (a) (1), (2) - I sent CTA current AHS/cad for CA#2 and CA #3 on 8/11/16. I also sent CTA a current eGim for CA#3 on 8/11/16.

41. (b) (7) - I sent CTA current TB clearances for CA#1, #2, #3, and HHA #1 on 8/11/16.

41. (b) (8) - I sent current CPR and First Aid Certificates for CA#1 & CA#2 on 8/11/16. I also sent current Blood Borne Pathogen Certification for CA#2 and CA#3 on 8/11/16.

41. (d) - I sent current CNA Certification for CA#2 on 8/11/16.

45. (a) - I sent CTA Fire Drill on 8/11/16.

48. (1) (a) - I sent CTA signed Emergency Preparedness plan on 8/11/16.

Aug.12.2016 01:52 PM KathyFernando

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I have placed all items with expiration dates (CPR, A&S/CAN, TB) in my iPhone calendar and set reminder dates for 1 month before expiration. I will conduct fire drills every month from now on. I will now have all new CE's sign Emergency Preparedness Plan upon approval

~~Kathy P. Fernando~~ 8/11/16
Katherine P. Fernando
91-111 Omika Place
Ewa Beach, HI 96706