

Foster Family Home - Corrective Action Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

91-107 Haiea Place

Ewa Beach

HI 96706

Review ID: 1-509630-5

Reviewer:

Begin Date: 12/22/2016

End Date: 1/17/2017

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 12/22/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/22/2017.

6.(d)(1) see applicable sections of this review.

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:

7.1.(a)(2) CG#1 Lapsed on Adult Protective Services and Child Abuse Neglect (APS/CAN) due on/before 5/6/16 done 5/13/16. CG#2 and #3 lapsed on APS/CAN due on/before 5/7/16 done 5/13/16. CG#4 lapsed on APS/CAN due on/before 3/12/16 done 5/13/16.

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

Comment:

41.(b)(7) CG#2 lapsed on TB clearance due on/before 7/11/16 done on 8/18/16. CG#3 and CG#4 no proof for +/- TB skin test.

41.(b)(8) CG#1, 2, and 3 lapsed on Blood borne pathogen (BBP) due on/before 6/25/16 done on 7/22/16.

41.(f) HHM#3 lapsed in TB clearance due on/before 7/18/16 done 8/8/16.

Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Documentation for conducting fire drill not present in the home by CG#4.

Compliance Manager

Greta Gamalog

Primary Care Giver

Date

1/11/17

Date



Written Plan of Correction

1/11/2017

This plan of correction will aid the CCFFH with the compliance of all State regulations. All alleged deficiencies brought to attention of the CCFFH will be or have been corrected.

7.1.(a)(2) CG#1, CG#2, CG#3, and CG#4 will not lapse on Adult Protective Services and Child Abuse Neglect (APS/CAN) in the future because the home now has a reminder calendar to track all requirements before they are due.

41.(b)(7) CG#2 will not lapse on TB clearance because the home uses a reminder calendar for all TB clearances two weeks in advance to prevent this from happening again. CG#3 and 4 obtained a TB Clearance Certificate from the Department of Health on 12/28/2016. The TB Clearance Certificate has been filed in the home binder.

41.(b)(8) CG#1, 2, and 3 will not lapse on Blood Borne Pathogen (BBP) certification in the future because the home now uses a reminder calendar to keep track of all BBP requirements before the due date.

41.(f) HHM#3 will not lapse in TB clearance because the home uses a reminder calendar to keep track of all TB clearance requirements before due date.

45.(b)(2) CG#4 conducted a fire drill on 12/28/2016. Documentation has been filed in the home binder. All CGs will be trained on how to conduct a fire drill and will be

informed of all other important emergency procedures in case of a fire.

Date: 1/11/2017

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