

Foster Family Home - Corrective Action Report

Provider ID: 1-160080

Home Name: Liezi Casido, NA

94-501 Kipou St.

Waipahu HI 96797

Review ID: 1-160080-1

Reviewer:

Begin Date: 11/23/2016

End Date: 12/20/16

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 11/23/16 for a new home application. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 12/23/16.

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 and 7.1.a.2 No Fingerprint/APS/CAN background checks present for CG#4

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.b.5 No confidentiality training present for CG#4 or HHM#1

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.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.b.8 No Bloodborne Pathogen training present for CG#1

41.e No CTA caregiver approval form present for CG#4

41.f.1-2 No TB clearance or Fingerprint/APS/CAN checks present for HHM#1

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Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48.a.1 No non slip surface in shower area present

48.a.2 No grab bars around commode present

Compliance Manager

Primary Care Giver

Date

11/23/16

Date

DEC-14-2016 12:48 From:WORKSTAR

To:8082345470

P.2/3

Date: December 14, 2016

Community Ties of America

Attn:

45-955 Kamehameha Hwy

Suite 300

Kaneohe, HI 96744

Fax: 808-234-5470

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies there in. 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.

[17-1454-7.1] 7.1.a.1 & 7.1.a.2

The home received fingerprint/APS/CAN background check for CG#4 on December 02, 2016. It is on file in the home personnel record. The home will utilize log to track when personnel requirements are due to prevent any requirement from expiring in the future.

[171454-13.1] 13.b.5:

Confidentiality training completed on November23, 2016 for CG#4 and HHM#1. It is on file in the home personnel record. Future caregivers will be trained with confidentiality to ensure patient's privacy in compliance with Health Insurance Portability and Accountability Act (HIPAA) laws.

[17-1454-41]

41.b.8: Blood borne pathogen training for CG#1 was completed on November 28, 2016. It is on file in the home personnel record. The home will utilize log to track when personnel requirements are due to prevent any requirement from expiring in the future.

41.e: CTA approval for CG#4 was received and approved by CTA on December 08, 2016. It is on file in the home personnel record. The home will utilize log to track when personnel requirements are due to prevent any requirement from expiring in the future.

Future caregivers' approval will also be obtained from CTA and approvals will be filed in the home personnel record and the home will utilize log to track when personnel requirements are due to prevent any requirement from expiring in the future.

DEC-14-2016 12:48 From:WORKSTAR

To:8082345470

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41.f.1-2: TB clearance was completed on November 26, 2016 and was cleared on November 28, 2016. Finger/APS/CAN was completed on November 29, 2016. It is on file in the home personnel record. The home will utilize log to track when personnel requirements are due to prevent any requirement from expiring in the future.

[17-1454-48]

48.a.1: non slip surface in shower area, rubber mat purchased on November 23, 2016. Item will NOT be removed but will replace item when and/or if it's damaged and/or worn out.

48.a.2: grab bars around commode purchased on November 23, 2016. Item will NOT be removed but will replace item when and/or if it's damaged and/or worn out.

Signed:

Date: 12/14/16



Liczi J. Casido
94-501 Kipou St
Waipahu, HI 96797

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