

# Foster Family Home - Corrective Action Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

Review ID: 1-511817-5

1744 Kealia Drive

Reviewer:

Honolulu HI 96817

Begin Date: 12/8/2016

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 12/8/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/8/2017.

6 (d)(1) see applicable sections of this 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;

Comment:

7.1.(a)(1) CG#1, #2, and #3 lapsed in eCrim due on/before 7/25/2015 done on 12/5/2015.

## 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.

Comment:

41.(b)(7) CG#1, #3, and #4 current TB clearance not present in the home.

41.(b)(8) CG#3 lapsed on CPR due on/before 5/19/2016 done on 5/25/16 and lapsed on first aid due on/before 5/5/15 done on 5/25/16. CG#4 current first aid not present in the home.

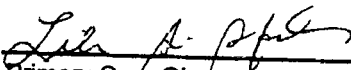
## Foster Family Home Fire Safety [17-1454-45]

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) Documentation and maintenance record for night fire drill not present in the home.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

12/8/16  
\_\_\_\_\_  
Date

"Written Plan of Correction:"

Date: 12/17/2016

① 7.1(a)(1) - Cg #1, #2, #3.

- Ecrim - will not lapse in the future again.

- Prevention: - I will make a note to remind me a month ahead, to renew Ecrim.

② 4.1(b)(7) - Cg #1 on: 12/10/16, Cg #3 on: 12/10/16, Cg #4 on: 12/10/16

- Current TB clearance: will present in the home @ all times.

- Prevention: - I will make a note to remind me a month ahead, to renew a TB clearance.

③ 4.1(b)(8) - Cg #3 - lapse on CPR, Cg #4, done on 1st Aid, training <sup>1st Aid</sup> & completed on 08/15/2016.

- Prevention: - I will make a note to remind me a month ahead, to renew a CPR & a 1st Aid.

④ 4.5(a) - We conducted fire drill on 12/10/16 at 9 Pm.

- Prevention: - We will conduct fire drill at a different time to include day, evening, & night from now on...

Sign: Lilia A. Rafael Paez

address: 1744 Kealia Drive  
Honolulu, Hawaii  
96817