

Foster Family Home - Corrective Action Report

Provider ID: 1-560880

Home Name: Charlita Dumot, CNA

Review ID: 1-560880-5

610 Oneawa Street

Reviewer:

Kailua HI 96734

Begin Date: 12/12/2016

End Date: 1/23/2017

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 12/12/16 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/12/2017

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) HHM #6,#7, and #8 2nd sets of fingerprinting not present in the home.

Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(f)(1) HHM #6, #7, and #8 Current TB clearance not present in the home.

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Client #1 Current Service Plan not present in the home.

Compliance Manager

Charlita Dumot
Primary Care Giver

Date

12/12/16
Date

Written Plan

January 21st, 2017

7.1.a(1) HHM #6 The second set of finger print completed on 12-29-16. HHM #7 The second set of finger print completed 12-27-16. HHM #8 The second set of finger print completed on 1-6-17 re-located and filed in the personnel file. The home will make sure that it is in the home binder at all times so this will not happen again in the future and we'll use a computer to track all requirement before the due date.

41.(f)(1) HHM #6 completed TB test dated 1-5-17 to prove that the result was positive and chest x-ray dated 1-9-17, the result was negative. This will not happen again in the future because the two results are kept in the home binder permanently and will continue to do an annual TB screening questionnaire.

HHM #7 The home received a current 2017 TB clearance for HHM #7 on 1-2-17. It is on file in the home personnel record. The home will utilize a computer program to track when personnel requirements are due to prevent any requirements from expiring in the future.

HHM #8 Completed TB skin test on 12-18-16 with a negative result. This will not happen again in the future because the home will make sure that HHM #8 obtains an annual TB skin test by keeping track with the home log for all requirements before due date.

52(C2) Client #1 current service plan taken on 1/9/2017. To prevent this from happening again I will make sure to remind my case manager every time she visits.

Date 1-20-2017

Signature Charita Dumas

Address 610 ONeawa St. Kailua, HI 96734