

Foster Family Home - Corrective Action Report

Provider ID: 2-140001

Home Name: Arcelle Weaver, CNA

Review ID: 2-140001-7

1393 Komohana St.

Reviewer:

Hilo HI 96780

Begin Date: 1/4/2017

End Date: 2/13/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 2/4/17.

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:

No state name check in home binder for caregiver #2,4, or 5.

Foster Family Home Personnel and Staffing

[17-1454-4.1]

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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.7
No blood borne pathogen documentation for care givers # 1,4,5,or6.

41.b.8
No current TB clearance for care givers # 2,3,5,6 in home binder.

41.c.
No documentation of annual training for care givers # 3,5,or6 in home binder.

Compliance Manager

Kareem

Primary Care Giver

2/13/17
Date

1/9/2017
Date

Date

Community Ties of America, Inc.

Written Plan of Correction

Attention :
Compliance Manager

(7.1.a.1) The home received a current 2017 state name check for CG#4. The home will utilize a computer program to track when requirements are due to prevent any requirements from expiring in the future. Attached is the state name check for CG#4.

(41.b.8) The home received the current 2017 BBP/Infection Control for CG#1 on 1/21/2107 and CG#4 on 1/10/2017. The home will track ^{with computer} when the requirements are due to prevent expiring in the future. Attached is the BBP/Infection Control CG#1,4.

CG#2, 3, 5, 6 are removed from the caregiver file in the home. CG didn't meet the requirements that complied by the state regulation and CTA. Attached is the removal form of CG#2, 3, 5, 6

I greatly appreciate your kind assistance


Arcelle Weaver

Primary Care Giver