

Foster Family Home - Corrective Action Report

Provider ID: 1-560210

Home Name: Ginalyn Paguirigan, CNA

Review ID: 1-560210-5

1542 Iao Lane

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 8/14/2017

End Date: 10/21/17

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/14/17. Corrective Action Report issued during home visit with all items due to CTA by 9/14/17.

6.(d)(1) - see applicable sections of the 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;

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)(2) - No first year fingerprints for CG #3 and #4. No current APS/CAN for CG #1 and CG #2(expired on 8/3/17).

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) - No current TB clearance for CG #3 and CG #5(expired on 6/12/16 and 7/23/17).

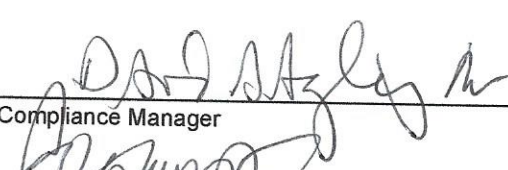
41.(b)(8) - No current CPR, First Aid, and Blood Borne Pathogen certification for CG #3 and CG #5(expired on 7/23/17).

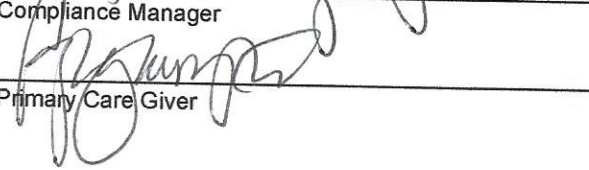
Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations for CG #4 on client #3 from CMA #3.


Compliance Manager


Primary Care Giver

8/14/17
Date

8/14/17
Date

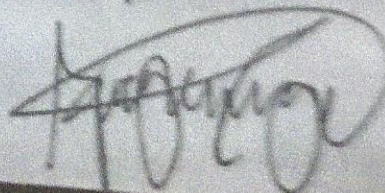
7.1(a)(1)(2) - I obtained all the fingerprint for CG #3 #4 and I also get APOI care for CG #1 and #2.

4.1.(b)(1) I obtained current TB

4.1.(b)(8) I obtained all the documents to have all current bloodborne pathogen and infection control, CPR and basic first Aid for CG #3 and #5

f3(c)(3) - Upon Admission of all clients in the home I make sure to have everyone delegate for CG # 4 and CG # 3. And I also placed All the expired Requirements document in my binder Also I make sure that renewed on time. I put in my binder all the Renewed documents in my binder.

EMILYN PAGUIKIGAN

 10/2/17