

Foster Family Home - Corrective Action Report

Provider ID: 1-150026

Home Name: Lillian Joaquin, LPN

Review ID: 1-150026-4

94-1078 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/20/2017

End Date: 10/3/17

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 CCFH recertification review made on 9/20/17. Corrective Action Report issued during home visit with all items due to CTA by 10/20/17.

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

Foster Family Home Background Checks [17-1454-7.1]

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)(2) - APS/CAN expired on 9/4/16 for CG #1. Not renewed until 11/15/16. APS/CAN expired on 7/10/17 for CG #3. Has not renewed as of 9/20/16.

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.

Comment:

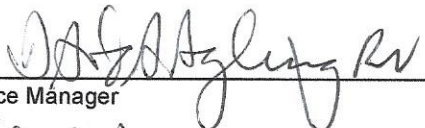
41.(b)(8) - CPR expired on 5/24/16 for CG #1. Not renewed until 6/30/16.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

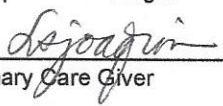
41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) - Both CG #3 and CG #4 need proof of current CNA certification.


Compliance Manager

9/20/17
Date


Primary Care Giver

9/20/17
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: _____

CCFFH Address: _____

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	I obtained a current APS/cna for CG # 3 and placed in my CTA binder. I also showed CTA a current APS/CAN for CG # 1.	10/17/17	I have made a list of expiration dates for APS/CAN & CPR for all CG's and placed in the front of my CTA binder. I will look @ it monthly.
41(b)(8)	I showed CTA a current CPR card on 9/20/17.		
41.(3P)(b)(2)	I have hired an approved CNA. My SG is working on renewing his CNA certification & will place on a binder and will show CTA a proof of current CNA certificate.	10/17/17	I will always have at least 1 CNA employed in my CCFFH.

Primary Caregiver's Signature: *Lilian Joaquin*

Print Name: LILIAN JOAQUIN

Date of Signature: 10-03-2017