

Foster Family Home - Corrective Action Report

Provider ID: 1-110081

Home Name: Eliel Corpuz, CNA

Review ID: 1-110081-7

6204 Ibis Ave.

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 10/2/2017

End Date: 11/30/2017

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 for a 3 client CCFH certification survey. A corrective action report was issued with a corrective action plan due to CTA by 11/02/2017.

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) & 7.1(a)(2)-Current APS/CAN not present on CG#1 last done 10/9/14; CG#2 last done 10/15/14; CG#3 last done 3/6/15. No e-crim present on CG#2 and lapsed on CG#2, last done 2/6/15.

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.

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(c)-CG#3 does not have documentation of twelve annual training hours.

41(b)(8)-Blood borne pathogen training on CG#1-CG#3 expired and no current documentation in the home's folder.

Carrie Wakai RN
Compliance Manager

10/2/17
Date

[Signature]
Primary Care Giver

02 Oct '17
Date

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

CCFFH Name: **ELI FOSTER HOME**
 CCFFH Address: **6204 IBIS AVE, EWA BEACH, HI 96706**

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 7.1(a)(1) | PCG and all SCGs submitted current Criminal History record checks | Nov 07, 17 | PCG shall require all SCGs to submit APS/Fingerprint (when they are due). PCG shall keep a checklist for documents that are due. |
| 41.(b)(8) | PCG collected all current documents from all SCGs regarding: 1) Training in Blood Borne Pathogen and Infection Control 2) CPR and First Aid | Nov/07/17 | Will maintain a checklist for all SCGs to include Training in BBP, Infection Control, CPR/First Aid. PCG shall require these Documents to be submitted in a timely manner. |
| 41(c) | All documents pertaining to 12 training Hrs for all SCGs were collected. PCG gathered all certificates of all certificates of Annual training to comply with the minimum hours or credits due for all CGs. | Nov/07/17 | Shall keep tab of all Docs for the 12 Training Hours (annually). Remind all SCGs to attend 12 Training Hours and submit documents right away. |
| 41.(b)(8) | Document for PCG re BBP and Infection Control, was/is in the home's folder. Certificate dated Feb 4/17 | N/A | |

Primary Caregiver's Signature: _____

Print Name: ELIEN CORPUS

Date of Signature: 30 Nov 17