

# Foster Family Home - Corrective Action Report

Provider ID: 1-160080

Home Name: Liezl Casido, NA

Review ID: 1-160080-2

94-501 Kipou St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 10/4/2017

End Date: 11/3/2017

## 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 2 bed CCFH certification survey. A corrective action report was issued during the visit with all required items due to CTA by 11/04/17.

## 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;

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)-No 2nd set of APS/CAN/fingerprinting present for CG#1.

## 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(b)(8)-No current CPR/First-aid training present for CG#4.  
41(c)-No documentation of annual training hours present for CG#1-CG#6.

## Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a)-No documentation of fire drill conducted by CG#4.

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Foster Family Home

Client Account

[17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47(a)-No written account of personal funds received & expenditures for client#1 present in the home.

Carol Wakai  
Compliance Manager

[Signature]  
Primary Care Giver

10-4-2017  
Date

10/4/17  
Date

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

CCFFH Name: Liezl Casido

CCFFH Address: 94-501 Kipou St, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) 7.1.(a)(2)	2 <sup>nd</sup> set of fingerprint/APS/CAN completed for CG#1. It was placed into home record.	10/09/2017	Home will use a log/spreadsheet on laptop and home record chart to identify when requirements are due to allow time to get them done before they expire.
41.(b)(8)	CPR/First-Aid Training obtained for CG#4. It was placed into home record.	10/15/2017	Home will use a log/spreadsheet on laptop and home record chart to identify when requirements are due to allow time to get them done before they expire.
41.(c)	Annual training hours completed for CG#1-CG#6. It was placed into home record.	10/28/2017	Home will use a log/spreadsheet on laptop and home record chart to identify when requirements are due to allow time to get them done before they expire.
45.(a)	Fire Drill conducted by CG#4. It was placed into home record.	10/07/2017	Fire drills will be done by each caregiver at least once a year. Home developed a schedule and placed into home record and log/spreadsheet.
47.(a)	Client account record for client #1 created. It was placed into client's chart.	10/07/2017	In the future, home will create client account record for all future clients to maintain written accounting of the client.

Primary Caregiver's Signature: \_\_\_\_\_

Printed Name: Liezl CasidoDate Signature: Oct 30, 2017