

Foster Family Home - Corrective Action Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

1719 A Owawa Street

Honolulu

HI 96819

Review ID: 1-512229-4

Reviewer: Sue Lo

Begin Date: 9/18/2017

End Date: 11/6/2017

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 recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/18/2017.

6 (d)(1) see applicable sections of this review:

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CG#1 and CG#3 lapsed on CPR and First Aid due on/before 6/1/17 and was done 6/5/17.

41.(f)(1) HHM#3 and HHM#4 TB Screening Clearance due on/before 10/19/16 - none was done and no proof of positive/negative TB skin test results.

HHM#5 and HHM#6 TB Screening Clearance due on/before 10/26/16 - none was done and no proof of positive/negative TB skin test results.

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.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) and 45.(b)(2) No documentation for night fire drill and CG#2 conducted fire drill.

Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48.(a)(2) No grab bars in toilet room.

SLO
Compliance Manager

Odette A Josue
Primary Care Giver

9/19/2017
Date

9/18/2017
Date

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

CCFFH Name: Odette Josue
 CCFFH Address: 1719-A Owawa Street
 Honolulu, HI 96819

RULE NUMBER	CORRECTIVE ACTION TAKEN	DATE CORRECTED	PREVENTION STRATEGY
41 B/8	CG #1 and CG #3 lapsed one CPR and first aid cannot be fixed	6/5/17	CG #1 made a list of requirements to renew before expiration date.
41 F(1)	HHM #3, HHM #4, HHM #5 HHM #6	10/21/17 10/23/17	CG#1 has a list to remind HHM to take their TB screening before expiring.
45 A	Night fire drill done	9/27/17	From now on fire drills will be conducted at any time of the day, evening, and night.
45 B/2	CG #2 conducted fire drills.	10/12/17	CG#1 will train all CGs how to conduct unannounced fire drill.
48 (A)(2)	Grab bars installed for toilet.	9/30/17	When grab bars is damaged, the home will make sure to reinstall grab bars in the bathroom for shower and toilet for client safety.

Primary Caregiver's Signature: Odette Josue

Print Name: Odette Josue

Date of 10/30/2017