

Foster Family Home - Corrective Action Report

Provider ID: 1-090125

Home Name: Jessie Villanueva, CNA

Review ID: 1-090125-9

94-1591 Waipahu Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 12/20/2017

End Date: 1/12/2018

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 person CCFH recertification survey. A Corrective Action Report was issued with all items due to CTA by 1/20/2018.

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;

Comment:

7.1.a.2 Current e-crim on CG#5 not present, last done 12/05/15.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5)-No confidentiality policies and procedures training for caregivers and household members present in the Home's folder.

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.

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)(7)-CG#2 has a positive PPD but no CXR present in the Home's folder.

41(b)(8)-No current(2017) blood borne pathogen training present on CG#2.

41(c)-No annual training hours present for CG#2 and CG#4 in the Home's folder.

Carrie Wakai
Compliance Manager

12-20-17
Date

Jessie Villanueva
Primary Care Giver


12-20-17
Date

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

CCFFH Name: Jessie Villanueva CNA

CCFFH Address: 94-1591 Waipahu Street Waipahu 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1a2	E-CRIM ON CG#5 WAS OBTAINED.	01-12-18	CREATED AN ECRIM BINDER & LIST ALL DUE DATES. TO ENSURE SCG'S HAVE ENOUGH TIME TO SECURE THEIR REQUIREMENTS.
B-1(b)(5)	TRAINING WAS PROVIDED TO ALL SCG'S & ADULTS IN THE HOME ON CONFIDENTIALITY POLICIES & PROCEDURES & CLIENT PRIVACY RIGHTS.	JAN 2 2018	SET A SPECIFIC DATE & POST IT ON BULLETIN BOARD. AT LEAST 1 MONTH AHEAD TO ENSURE ALL ADULTS & SCG'S CAN BE ABLE TO ATTEND.
B-1(b)(5)	ALL SCG'S AND ADULT SIGNED AND KEPT THE FORM IN A FOLDER. GOT THE FORM FROM ONLINE CTXFORMS HAWAII.		
41(b)7	CG#2 SUBMITTED HIS CURRENT TB CERTIFICATE 5-4-17.	12-28-17	CREATED A BINDER CAL ENOAN & LIST ALL TB DUE DATES ANY FUTURE LAPSES & ALSO BE ABLE TO REMIND SCG'S TO HAVE THEIR TB CERTIFICATE.

Primary Caregiver's Signature: 

Print Name: JESSIE VILLANUEVA

Date of Signature: 12-20-17

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
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 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)7	CONTINUATION →		AHEAD OF TIME -
41(b)8	ADVISED SC#2 TO SECURE HIS BLOOD BORNE PATHOGEN HE COMPLIED & SUBMITTED TO HOME -	12-22-17	CREATED A BINDER REMINDER CHECK LIST ON ALL BLOOD BORNE PATHOGEN. TO AVOID FUTURE LAPSES .
41(c)	ADVISED CG#2 & CG#4 TO GET THEIR 8 HR ANNUAL TRAINING - THEY COMPLIED AND SUBMITTED TO HOME	12-22-17	CREATED A BINDER REMINDER CHECKLIST ON ALL ANNUAL TRAINING AND TO MAKE SURE TO CHECK EVERY MONTH TO AVOID FUTURE LAPSES AND TO BE ABLE TO REMIND CG'S TO SECURE THEIR CERTIFICATES.

Primary Caregiver's Signature: 

Print Name: JESSIE VILLANUEVA Date of Signature: 12-20-17