

Foster Family Home - Corrective Action Report

Provider ID: 1-599061

Home Name: Edith Cadiente, CNA

Review ID: 1-599061-5

91-111 Akekee Place

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/6/2018

End Date: 2/13/2018

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 an increase from a 2 to 3 client CCFFH. A corrective action report was issued during the visit with a written plan of correction due to CTA by 1/20/18.

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)-No second fingerprinting on CG#4. First fingerprinting in the folder dated 3/4/15. No fingerprinting results present for HHM#4.

7.1(a)(2)-APS/CAN lapsed for CG#1 was due on/before 01/16/17 and was done 7/2/17, CG#2 & CG#3 was due on/before 12/27/16 and was done 1/31/17. No current APS/CAN result present on CG#4 and HHM#4.

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

13.1.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

13.1(b)(1)-No confidentiality/privacy training present for any caregiver or adult household members.

Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41(f)(1)-No proof of positive/negative TB results present present on HHM#4.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No RN signature present & name of CG#5 on RN delegation forms.

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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 fire drill conducted by CG#2-CG#5.

Carrie Wakai

Compliance Manager

[Signature]

Primary Care Giver

1/6/18

Date

1/6/18

Date


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

CCFFH Name: **Edith Cadiente CNA**

CCFFH Address: **91-111 Akekee Pl Ewa Beach, Hi 96706**

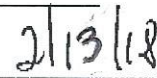
Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 a1	Fingerprinting done for CG#4 and HHM#4.	2/1/18 and 2/7/18	Home understand the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses.
7.1 a2	Lapse cannot be corrected CG#4 & HHM#4 APS/CAN done.	2/1/18 and 2/7/18	Home understand the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses.
13.1.b1	All caregivers and family members was trained on confidentiality and signed the form. Home placed the form in the administration binder.	1/24/18	In the future, all new caregivers and household members will receive this training within 7 days of being added to the home.

Primary Caregiver's Signature: _____



Print Name: EDITH CADIENTE

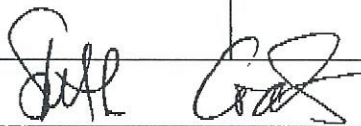
Date of Signature: 2/13/18



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

CCFFH Name: **Edith Cadiante CNA**
 CCFFH Address: **91-111 Akekee PI Ewa Beach HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.f.1	TB clearance was obtained for HHM#4. It was placed into home record.	2/7/18	In the future, all new family members moving in will have their TB taken.
43.c.3	RN signature and CG #5 name was placed into the client record	1/24/18	Home notified CMA and that RN signature is needed and name of CG #5 needed to be placed on RN delegation form.
45.a	Fire drill was done by CG #2. Form has been put in the binder.	1/24/18	Fire Drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted in the refrigerator.

Primary Caregiver's Signature: 

Print Name: EDITH CADIANTE Date of Signature: 2/13/18