

Foster Family Home - Corrective Action Report

Provider ID: 1-586240

Home Name: Luzviminda Alcon, CNA

Review ID: 1-586240-6

94-309 Waikele Road #1

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 1/18/2018

End Date: 2/14/2018

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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/18/2018.

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;

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) Lapse in eCrime for the following: due on/before 1/16/17 was done on 1/17/18 for CG#1; due on/before 1/19/17 was done on 1/17/18 for CG#2, CG#3, and CG#4. No Fingerprinting for HHM#4.

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) checks for the following: last done on 1/16/15 and no current APS/CAN in the home for CG#1; last done on 1/19/15 no current APS/CAN in the home for CG#2, CG#3, and CG#4. No APS/CAN for HHM#4.

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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7) TB Clearance was done 9/5/17 none 2016 for CG#1. Lapsed on TB clearance due on/before 1/18/17 was done on 1/13/18 for CG#2 and CG#3; and due on/before 1/22/17 was done on 1/04/18 for CG#4.

41.(b)(8) Lapsed on CPR and first aid for the following: due on/before 1/27/17 was done on 1/5/18 for CG#1; due on/before 1/10/17 was done on 1/5/18 for CG#2, CG#3, and CG#4.
Blood Borne Pathogen - All CGs must complete

41.(f) Documentation for TB clearance not present in the home for HHM#4.


Compliance Manager


Primary Care Giver

1/18/2018
Date

1/18/2018
Date

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

CCFFH Name: Luzviminda Alcon

CCFFH Address: 94-309 Waialeale Rd. # 1 Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	lapse cannot be fixed	1/18/18	Background is important & will use a calendar to make sure to renew before due date document place in home binder for HHM # 4 I understand background check, are very important & the home will renew every 2 yrs.
7.1(a)(2)	Household member # 4 completed fingerprinting aps ^{can} are were done for CEI # 1, 2, 3, 4, and HHM # 4	2/7/18	
4.1.(b)(7)	lapse cannot be corrected	1/18/18	Will use calendar to remind PCA to renew TB clearance every yr. & CPR & FIRST AID every two yrs. also to renew bloodborne pathogen every yr. all requirements for due date update on the calendar. The calendar will be hung on the kitchen wall & check every month
4.1.(b)(8)	Bloodborne pathogen completed for all CEIS	1/24/18	
4.1.(F)	Household member # 4 completed TB clearance	1/30/18	

Primary Caregiver's Signature: Luzviminda Alcon

Print Name: Luzviminda Alcon

Date of Signature: 2/10/18