

Foster Family Home - Corrective Action Report

Provider ID: 1-180003

Home Name: Donna Bagay CNA

Review ID: 1-180003-1

94-446 Kahualoa place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 3/28/2018

End Date: 4/02/2018

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 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/11/18.

Foster Family Home Physical Environment [17-1454-48]

48.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48(c)(2)-No germ-killing solution present in the home for cleaning floors and larger surfaces.

48(c)(3)-Outside rails are unstable and missing in one area making it unsafe. Windows are not sealed due to gaps between the screen and interior of the window.

Carrie Wakai Rev
Compliance Manager

3-28-2018
Date

Donna Bagay
Primary Care Giver

March 28, 2018
Date

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

CCFFH Name: Donna Shane A. Bagay

CCFFH Address: 94-446 Kahualoa Place, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.(c)(2)	Primary Caregiver purchased Original Pine-Sol Solution (multi-surface) 99.9% germ killer that cleanses and deodorizes. Home follows the product's directions how to disinfect floors and larger surfaces.	03 29 2018	Home makes sure that a germ-killing solution is always available at all times to be used by all caregivers. Home will use a "WHAT TO BUY LIST" and has it posted on the refrigerator so every caregiver could write an item that needs to be purchased and so Home must always have an extra stock to use to disinfect equipment and devices used in clients' care.

Primary Caregiver's Signature: 

Print Name: DONNA SHANE A. BAGAY Date of Signature: 04/02/2018

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

CCFFH Name: Donna Shane A. Bagay

CCFFH Address: 94-446 Kahualoa Place, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.(c)(3)	<p>Primary Caregiver's husband who is a Substitute Caregiver for the home properly measured the space with a missing rail and added a sturdy wood to complete the outside railings and correctly installed and drilled the foundations of the railings using studs anchor size 3/8x5" with right depth.</p> <p>Windows and windows screens were all cleaned. Straightened out bent frames of the windows screens.</p> <p>Put the windows screens back correctly preventing it from being bent to avoid creating gaps between the interior windows and the screens. Changed some of the old windows screens.</p>	03/31/2018	<p>Home understands the safety requirements. It is every caregiver's responsibility to always maintain the home's safety environment.</p> <p>Home will regularly inspect and check the outside railing's stability and for the proper windows screens installation.</p> <p>All things must be addressed seriously and must be corrected immediately.</p>

Primary Caregiver's Signature: 

Print Name: DONNA SHANE A. BAGAY

Date of Signature: 04/02/2018