

# Foster Family Home - Corrective Action Report

Provider ID: 1-120082

Home Name: Luz Tarinay, CNA

Review ID: 1-120082-8

94-426 Alapine St.,

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 2/1/2018

End Date: 3/17/2018

## 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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/1/2018.

## 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)(1) First fingerprinting was done on 8/10/2016 and no 2nd set of fingerprinting present in the home for CG#3. Lapsed on eCrim due on/before 1/7/18 was done 1/23/18 for CG#3 and CG#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.(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) and 41.(f) TB Clearance screening done in 2018 and no proof of positive/negative skin test present in the home for CG#1 and HHM#1. Last TB Clearance was done on 1/3/2016 and no current TB Clearance present in the home for CG#2.

## 3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment:

41.(3P)(a)(5) Annual training education hours were 21 hours for two years, but requirement for 3- bed is 24 hours for CG#3.

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Foster Family Home


Insurance Requirements

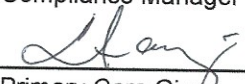
[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) Liability Insurance for CG#2 and CG#4 not present in the home.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

2/1/2018  
Date

2/1/18  
Date

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

CCFFH Name: LUZ TARINAY  
 CCFFH Address: 94.426 ALAPINE ST WAIPAHU HI-96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	CG#3 completed fingerprinting.	2/8/2018	Fingerprinting results kept in PCG binder and will not remove. I understand background checks and renew before due date. I put the due dates in the calendar and posted in the kitchen wall. I will check it every month.
	eCrim lapses cannot redo for CG33 and CG#4.	2/1/2018	
41.(b)(7) & 41. (f)	Proof of positive and negative results obtained for CG#1 and HHM#1. CG#2 completed TB clearance.	2/8/2018	Result of TB Clearance kept in PCG binder.
		2/9/2018	I understand TB clearance is every year so put in calendar. Calendar posted on wall and will remind CG#2 to complete TB clearance one month before due date.
41.(c)	CG#3 completed all 24 hours of annual training.	2/15/2018	I understand 3-bed home in services is 12 hours each year. A reminder is noted on my calendar posted on the kitchen wall for annual training for all CGs and will check every month.
49.(a)(1)	CG#2 and CG#4 are added to the Liability Insurance.	2/2/2018	PCG is aware about how important all CGs name is added to the liability insurance. PCG wrote a reminder on the Calendar to renew liability insurance with all CGs every year.

Primary Caregiver's Signature: *Luz Tarinay*

Print Name: Luz Tarinay

Date of Signature: 3/13/2018