

Foster Family Home - Corrective Action Report

Provider ID: 1-623498

Home Name: Maria Jenks, CNA

Review ID: 1-623498-5

1655 Owawa Street

Reviewer: Sue Lo

Honolulu HI 96819

Begin Date: 3/22/2018

End Date: 4/1/2018

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 4/22/2018.

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 on eCrim: due on/before 3/14/16 was done on 10/9/17 for CG#1; due on/before 3/14/16 was done on 3/20/18 for CG#2 and CG#4; and due on/before 3/14/16 was done on 3/21/18 for CG#3.

7.1.(a)(2) Lapse on Adult Protective Service/Child Abuse Neglect (APS/CAN): due on/before 12/18/16 was done on 10/9/17 for CG#1 and due on/before 12/18/16 was done on 3/14/18 for CGs #2,#3,and #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.

Comment:

41.(b)(7) Lapse on TB Clearance due on/before 3/19/17 was done on 6/26/17 for CG#3.

41.(b)(8) Lapse on CPR due on/before 7/15/17 was done on 7/21/17 for CG#2.

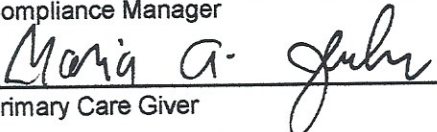
Foster Family Home Physical Environment [17-1454-48]

48.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

48.(b)(3) CG#1 sleeps upstairs and no intercom, call bells, or monitoring device in Clients #1 and #2 rooms approved by the Case Manager Agency.


Compliance Manager


Primary Care Giver

3/22/2018
Date

3/22/18
Date

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

CCFFH Name: MARIA JENKS FOSTER HOME
 CCFFH Address: 1655 OWAWA ST. Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) (2) 4.1(b)(7) (8)	lapse can't re-do	3/22/18	Home understands background checks, CPR, tb clearance requirements Home made a log for all requirements to be done before due date. The log is placed on my desk. And I will check every month.
4b(b)(3)	Baby monitor installed in client #1 and #2 rooms.	3/25/18	Home will not remove monitors from clients' rooms and approved by Case management agency RN.

Primary Caregiver's Signature: Maria Zella A. Jenks
 Print Name: MARIA ZELLA A. JENKS Date of Signature: 3/25/18