

Foster Family Home - Corrective Action Report

Provider ID: 1-558984

Home Name: Tomasa Tapat, CNA

Review ID: 1-558984-5

1704 Kino Street

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 12/22/2017

End Date: 02/17/2018

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 2 person CCFFH recertification survey. A Corrective action report was issued with all items due to CTA by 1/22/18.

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) & 7.1(a)(2)-APS/CAN lapsed for CG#2, CG#3 due on or before 12/13/17, done 12/21/17. E-crim lapsed for CG#2, CG#3 due on or before 11/21/17, done 12/17/17.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)-Blood borne pathogen training for 2017 not present for CG#1-CG#3.

41.(c)-No annual training present for CG#1-#3 & CG #6.

Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52(c)(6)-Daily care flow sheets and medication record documentation incomplete from 12/19-12/21 for client #1 & client #2.

Carrie Wakai
Compliance Manager

12/22/2017
Date

Tomasa Tapat
Primary Care Giver

12/22/17
Date

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

CCFFH Name: **Tomasa Tapat**
 CCFFH Address: **1704 Kino St., Honolulu, HI 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	CG#2 and CG#3 e-crim & APS/ CAN lapsed and cannot be corrected.	2/17/18	The Home now revised calendar to remind primary caregiver 2 to 3 weeks prior to expiration due date. The Home will continue to utilize the home calendar to remind the primary caregiver of all deadlines, 2 to 3 weeks prior to expiration date for blood borne pathogen training. The primary caregiver will register for annual trainings given by the caregiver association every 3 months or whenever they contact me. I will let my caregivers know the schedule 2 weeks ahead of the date. The primary caregiver will check the client's record for completion before caregivers leave for the day.
41(b)(8)	CG#1-CG#3 completed the blood borne pathogen and infection control training.	1/16/18	
41(c)	CG#1-CG#3 & CG#6 completed the 12 hours of annual training.	1/18/18	
52(c)(6)	Documentation on daily flow sheets were not completed in Dec. 2017 but have been kept up-to-date since then.	2/17/18	

Primary Caregiver's Signature: Tomasa Tapat

Print Name: TOMASA TAPAT

Date of Signature: 02-17-18