

Foster Family Home - Corrective Action Report

Provider ID: 5-573718

Home Name: Lucena Andres, LPN

Review ID: 5-573718-5

5101 Kaunaloa Street

Reviewer: Sue Lo

Hanapepe

HI 96716

Begin Date: 4/26/2018

End Date: 5/11/2018

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 5/26/2018.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) TB Clearance Screening done on 6/21/17 but positive/ negative proof for TB clearance not present in the home for CG#4.

3 Person Staffing


3 Person Staffing Requirements

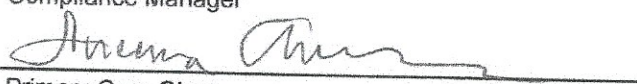
[17-1454-41] (3P)

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) CG#3 has 12 hours of continue education within 24 months and remaining 12 hours not present in the home.


Compliance Manager


Primary Care Giver

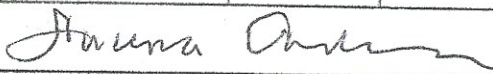
4/26/2018
Date

4/26/18
Date

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

CCFFH Name: Lucena Andres Foster Family Home
 CCFFH Address: 5101 Kaunaloa St. Hanalei HI 96716

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	CG #4 provided proof for TB clearance done 10/3/2017 Document filed in home binder	5/10/18	Home understands TB clearance and needs proof for positive/negative results when completing a TB screening form. Document placed in home binder and will not remove.
41.(3P)(a)(5)	CG #3 completed twelve hours of continue education and gave to PCG. Date done 10/20/17	5/10/18	Home understands for 3 clients home requires twelve hours annually and 24 hrs for 24 months. Home use a reminder log to make sure all CG's complete the require hrs every year or every 2 hrs.

Primary Caregiver's Signature: 

Print Name: LUCENA ANDRES

Date of Signature: 5/10/2018