

# Foster Family Home - Corrective Action Report

**Provider ID:** 2-596463

**Home Name:** Norma Lato, LPN

**Review ID:** 2-596463-13

2308 A Owene Lane

**Reviewer:** David Ayling

Honolulu

HI 96819

**Begin Date:** 3/20/2018

**End Date:** 5/14/18

**Foster Family Home Required Certificate [17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/20/18. Corrective Action Report issued during home visit with all items due to CTA by 4/20/18.

6.(d)(1) - see applicable sections of the review

**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),(2) - No APS/CAN and fingerprints for new HHM #1, #2, and #3.

**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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #1 and CG #2. Expired on 4/27/17.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2. Expired on 10/11/17.

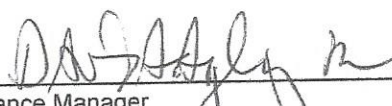
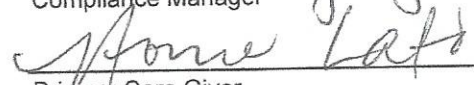
41.(f)(1) - No current TB clearance for new HHM's #1, #2, and #3.

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

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) - Only has 1 SCG. SCG is a NA. CCFFH needs 1 CNA.

  
 \_\_\_\_\_  
 Compliance Manager  
  
 \_\_\_\_\_  
 Primary Care Giver

3/20/18  
 \_\_\_\_\_  
 Date  
 3/20/18  
 \_\_\_\_\_  
 Date

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

CCFFH Name: **Camper Foster Family**

CCFFH Address: **2308 A Owene Lane Honolulu Hawaii 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) (2)	I have obtained current APS CAN and fingerprint for HHM #1 and placed in my CTA binder. HHM #2 and #3 has moved out.	4/18/18	
41.(b)(7) 41.(f)(1)	I have obtained current TB clearance for all CG's and all HHM and placed in my CTA binder.	4/18/18	I will set a reminder notification on my cell phone to remind me before the next due date.
41.(b)(8)	I have obtained a current Blood Borne Pathogen certification for CG#2 and placed in my CTA binder.	4/18/18	I will set a reminder notification on my cell phone to remind me before the next due date.
41.(3P) (b)(2)	I have become a 2 client CCFFH and no longer require a CNA	<del>4/18/18</del> 5/14/18	

Primary Caregiver's Signature: Norma Lato

Print Name: Norma S. Lato

Date of Signature: 5/14/18

