

Foster Family Home - Corrective Action Report

Provider ID: 1-100103

Home Name: Rasela Mataia, CNA

Review ID: 1-100103-8

96-239 Waiawa Road Apt D

Reviewer: Sue Lo

Pearl City HI 96782

Begin Date: 5/1/2018

End Date: 5/10/2018

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 requested to change to 2 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 6/1/2018.

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) Lapsed on eCrim due on/before 4/30/17 was done on 5/18/17 for HHM#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.

Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 1/6/18 was done on 3/4/18 for CG#3.

41.(b)(8) Lapsed on CPR and First Aid training due on/before 7/15/17 was done on 12/7/17 for CG#3.

Foster Family Home Fire Safety [17-1454-45]


45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

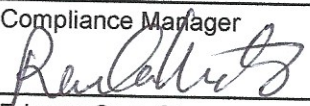
45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) Documentation for unannounced fire drill at night not present in the home.

45.(b)(2) Documentation to conduct unannounced fire drill not present in the home for CG#3 and CG#4.


Compliance Manager


Primary Care Giver

5/1/2018
Date

5/1/2018
Date

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

CCFFH Name: Rasela Mataia
 CCFFH Address: 96-239 D. Waiaua Rd
Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) 41.(b)(7) 41.(b)(8)	All these lapsed Cannot be fixed.	5/1/18	I understand the requirements of ECRM, CPR/First Aid and TB Clearances, The home will use the iPhone calendar to input two weeks before due dates so it will not lapse again before in the future and will check it once a week.
45.(a) 45.(b)(2)	Night fire drill conducted by CG #3 evening fire drill conducted by CG #4	5/3/18 5/5/18	The Home will keep record on the book so an announced fire drill will be conducted monthly at different times of the day, day, evening and night by each caregiver. Primary and SCG. ^{RM.}

Primary Caregiver's Signature: Rasela Mataia

Print Name: Rasela Mataia

Date of Signature: 5/8/18 ^{pm}