

Foster Family Home - Corrective Action Report

Provider ID: 1-140070

Home Name: Rosalina Basug, CNA

Review ID: 1-140070-5

520 Kulia Street

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 5/16/2018

End Date: 7/2/2018

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 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective action Plan due to CTA by 6/16/2018.

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) & 7.1(a)(2)-No 2nd set of APS/CAN/Fingerprinting present for CG#4-last done 4/26/17.

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.

Comment:

41(b)(8)-No current first aid/CPR training present on CG#1-expired 8/2017.

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.

Comment:

45(a)-Documentation of fire drills does not specify whether fire drills were done during the am or pm hours.

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

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49(a)(5)-Smoke detector in the home has a low battery and needs to be replaced.

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Foster Family Home

Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52(c)(5)-One medication for client #2 did not show it was administered during the month of May 1-15.

Chris Wakem
Compliance Manager

Rosalina Batung
Primary Care Giver

5/16/18
Date

5/16/18
Date

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

CCFFH Name: Rosalina Basug
 CCFFH Address: 520 Kulia Street Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1 & 7.1.b.2	APS/CAN Fingerprint was done on 5/23/18 for CG#4	5/23/18	I will make a reminder on my calendar so I will see it everyday
41.b.8	CPR and First Aid was done for CG#1 on 6/4/18. It was placed into home records.	6/04/18	I will make a reminder on my calendar 2 months prior to allow time to get them done before it's due.
45.a	Fire drill shall be done once a month from morning, evening, and night.	5/20/18	Prior to the event of the fire drill, I will make a reminder to do it during the day or night
48.a.5	Smoke detector battery has been replaced and a new fire extinguisher has been installed	5/28/18	When the smoke detector goes off without any indication of smoke or fire, then the batteries needs to be replaced. The old fire extinguisher has been replaced with a new one
52.c.5	Medication client #2 was corrected and signed	5/16/18	Make sure all medication has been signed and placed into the correct slots to avoid confusion

Primary Caregiver's Signature: Rosalina Basug

Print Name: ROSALINA BASUG

Date of Signature: 6/13/18