

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-559148

**Home Name:** Josephine Pascua, CNA

**Review ID:** 1-559148-8

94-423 Hokualea Street

Reviewer: Angel England

Mililiani HI 96789

Begin Date: 7/24/2018

End Date:

9/5/18

**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 two bed recertification survey. Corrective Action Report issued during home visit with a written plan of correction due to CTA by August 1, 2018.

**Foster Family Home**      **Information Confidentiality**      **[17-1454-13.1]**

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5 No confidentiality/privacy training present for CG#2 and HHM#1.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

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.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.b.4 No disclosure form present for CG#2

41.b.8 No CPR/1st Aid or Blood born pathogen training present for CG#2

41.c No annual in-service training for 8 hours present for CG#2

41.f.1 TB clearance lapsed for HHM#1. Was due on/before 7/7/18, no current TB clearance present.

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**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 and b.2 No fire drill conducted at night present. No fire drill conducted by CG#2 present.

**Foster Family Home**

**Physical Environment**

**[17-1454-48]**

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 There are gaps around the screens on the windows in both client rooms that would allow pests, such as mosquitos, into the client rooms.

**Foster Family Home**

**Client Rights**

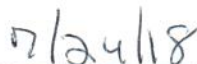
**[17-1454-50]**

50.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

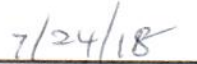
Comment:

50.b.13 There are household belongings in the closet of one of the client's rooms which would prevent the client from using the area for only their own belongings.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date



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

CCFFH Name Pascua Adult Foster Home  
 CCFFH Address 94-423 Hokualea sy. Mililani, Hi.96789

Rule Number	Correction Action Taken	Date Corrected	Prevention Strategy
13.1.b.5	CG#2 & HHM#1 completed their confidentiality/privacy training, PCG placed the form into administrative binder.	7/25/18	In the future all caregiver and household member will receive this training before they are added to the home.
41.b.4	CG#2 completed, signed dated the disclosure form and placed into the administrative binder.	7/27/18	Every time PCG has a new CG, PCG will sure they will sign the disclosure form and place into the administrative binder.
41.b.8	CG#2 completed CPR/1st Aid and Blood born pathogen training.	7/25/18	PCG will set a reminder on calendar for renewal 2month before the expiration date.
41.c	CG#2 just completed the in-service training for 8hours.	7/25/18	PCG will make spreadsheet on computer to identify which caregiver are due for their requirements and check it 2months before they expire.
41.f.1	Overdue TB clearance cannot be corrected. HHM#1 TB clearance complete.	8/22/18	PCG understands all the requirements. PCG will make sure to include this on the reminder sheet 2months before the due date to allow me to get them done.
45.a	Fire Drill conducted by CG#2 at night time and CG#2 filled out the form and signed put into administrative binder.	7/30/18	PCG will make schedule for each caregiver to conduct Fire Drill once a month (day evening or night) and fill out the form and sign.
48.c.3	The gaps on screen windows of client room was fixed.	7/31/18	PCG will check regularly each client room if there is any gap on window screens.
50.b.13	PCG removed all household personal belonging from client's room.	7/24/18	PCG will make sure that only client belonging are in there room .

Primary Caregiver's Signature: Josephine Pascua

Print Name: Josephine Pascua Date of Signature: 9/5/2018