

Foster Family Home - Corrective Action Report

Provider ID: 1-180042

Home Name: Jovelyn Manaois, CNA

Review ID: 1-180042-1

91-837 Kauwili Street

Reviewer: Lori O'Keefe

Ewa Beach

HI 96706

Begin Date: 7/27/2018

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:

New application visit made. Corrective action report issued during this visit with corrective action plan due back to CTA by August 27, 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) - Lacks APS/CAN/Fingerprints for HHM#1

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) Lacks Confidentiality/Privacy rights training for CG#2, CG#3, 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)(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)(4) Disclosure form missing for CG#2 (CTA approval pending)

41.(b)(7)- No current TB clearance for CG#1, CG#2, SCG#3, and HHM#1.

41.(b)(8)- CG#3 missing CPR/First Aid/Bloodborne Pathogens/Infection Control

Lori O'Keefe
Compliance Manager

7/27/18
Date

J Manaois
Primary Care Giver

7/27/18
Date

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

CCFFH Name: Jovelyn Mana'ois, CNA

CCFFH Address: 91-837 Kauwili St. Ewa Beach, HI 96706

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	APS/CAN/Fingerprints obtained and filed in the home binder for HHM#1	8/15/18	Home will monitor due dates and initiate process 2 months prior to next due date.
13.1(b)(5)	Provided training of Confidentiality Privacy Rights to CG#2, CG#3 and HHM#1 and placed signature acknowledgment form in the home binder.	8/01/18	Home will ensure this training is provided in a timely fashion for any additional SCG's or HHM.
41.(b)(4)	Required annual TB symptom checklists for TB clearance for Cg#1, CG#2, CG#3 and HHM #1 have been completed and placed in the home binder. All negative for symptoms.	8/4/18	Home now has understanding of the TB clearance requirements and will ensure annual compliance with completion.

Primary Caregiver's Signature: J. Mana'ois

Print Name: Jovelyn Mana'ois

Date of Signature: 08/15/2018

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
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Chapter 17-1454

CCFFH Name: Jovelyn Manaois, CNA

CCFFH Address: 91-837 Kauwili St. Ewa Beach, HI 96706

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(4)	Obtained disclosure form for CG#2 and placed in home binder.	7/27/18	Home will ensure proper forms are completed in a timely fashion for future additional caregivers.
41.(b)(8)	Current CPR card obtained and placed in home binder.	8/2/18	Home will ensure that evidence of required training will be obtained prior to expiration dates.

Primary Caregiver's Signature: J. Manaois

Print Name: Jovelyn Manaois

Date of Signature: 08/15/2018