

Foster Family Home - Corrective Action Report

Provider ID: 1-170034

Home Name: Mary Ann Ramo, CNA

Review ID: 1-170034-3

94-392 Kahuanani Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 5/8/2018

End Date:

8/6/18

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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/8/2018.

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) TB Clearance screening done but proof of positive and negative CXR or TB skin test results not present for CG#3.

41.(b)(8) Lapsed on CPR and first aid training due on/before 3/29/18 was done on 4/23/18 for CG#2.

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 for unannounced fire drill for night time not present in the home.


Compliance Manager


Primary Care Giver

5/8/2018
Date

5/8/2018
Date

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

CCFFH Name: Mary Ann Ramo

CCFFH Address: 94-392 Kahuanani St. Waipahu, Hawaii 96797

Rule Number	Correction Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Proof of positive and negative CXR or TB skin test results for CG#3 was placed into home record.	5/20/18	All caregivers will make sure via checklist that necessary medical records are placed into home record at all times.
41.(b)(8)	Lapse cannot be corrected.	5/8/18	Home will utilize calendar or phone reminders to input all due dates to prevent any future lapses.
45.(a)	Documentation for unannounced fire drill for night time was obtained and placed into the home record.	5/10/18	Night time fire drill along with daytime and afternoon fire drill will be done on a monthly basis. Documentation will be obtained for each fire drill and will be placed into home binder.

Primary Caregiver's Signature: MARMO

Print Name: Mary Ann Ramo

Date of Signature: 05/24/2018