

Foster Family Home - Corrective Action Report

Provider ID: 1-180032

Home Name: Sheila Mendoza, NA

Review ID: 1-180032-1

94-326 Hene Street

Reviewer: Angel England

Waipahu HI 96797

Begin Date: 7/10/2018

End Date:

8/29/18

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 for a new application done on 7/10/18. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/27/18.

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 training present for HHM#1

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

Comment:

41.a.4 and 41.d Home has a less than 3 hour caregiver. This is inadequate coverage in case of emergencies lasting longer than 3 hours. Home is to have another SCG, who is at least a NA, added prior to certification.

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

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

48.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

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

Comment:

48.a.1 No non slip surface present in shower.

48.c.2 No appropriate disinfectant present in the home

48.c.3 Front door has molding that is a trip hazard. There are ill fitting screens on client windows that will allow mosquitos and other insects to enter.

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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 home items in one of the client's closets.



Compliance Manager



Primary Care Giver



Date

7-10-18

Date

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

RECEIVED
 AUG 29 2018
 BY:

CCFFH Name: Sheila Marie Mendoza

CCFFH Address: 94-326 Hene St. Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1.b.5	HHM#1 was trained on confidentiality and signed the form. The form was placed in the administrative binder.	7/10/18	In the future, all new caregivers and household members will receive this training within 3 days or 72 hours of being added to the home.
41.a.4 and 41.d	Home has already added another substitute caregiver. She's already a CNA.	7/10/18	To cover the primary caregiver when out for more than 3 hours, list of possible alternate SCG and their contact details shall be on file. In case of absence communicate with one of those possible SCG at least 2 to 3 days prior to the absence.

Primary Caregiver's Signature: 

Print Name: Sheila Marie Mendoza

Date of Signature: 8/15/18

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CCFFH Name: Sheila Marie Mendoza

CCFFH Address: 94-326 Hene St. Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.a.1	Slip resistant rubber bath mat is already present in the shower.	7/10/18	A slip resistant rubber bath mat was purchased and provided to those areas which are slippery and shall be evaluated and checked everyday. In case the rubber mat have already depreciated its quality, it shall be immediately changed to ensure the safety of clients.
48.c.2	Disinfectant are already present in the home.	7/10/18	Disinfectant is arealdy purchased .Regular cleaning and disinfecting using a germicidal bleach (Clorox) shall be done everyday to prevent the spread of bacteria.Stocking up of disinfectant to be used for the next 2-3 months and having the inventory of those checked once a month to ensure that there are enough materials to use for the future.

Primary Caregiver's Signature: 

Print Name: Sheila Marie Mendoza

Date of Signature: 8/15/18

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CCFFH Name: **Sheila Marie Mendoza**

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.c.3	Front door molding was removed already and the ill fitting screen was fixed too.	7/10/18	Regular assesment (weekly) of the screens to check whether it is still in good condition or should be fixed/changed, in case of latter, immediate action shall be done to prevent the insects from coming inside the house. for possible fall hazards in the
50.b.13	Removed all the home items in one of the clients closet.	7/10/18	home,inspection shall be done every 2-4 hours and take immediate action to avoid injuries and ensure the clients safety. A label with the client's name for the client's belongings and closet will be placed. Regular inspection shall be done at least once a week on each clients closet to check and ensure that the things inside are his/her belongings.

Primary Caregiver's Signature: _____ 

Print Name: Sheila Marie Mendoza

Date of Signature: 8/15/18