

Foster Family Home - Corrective Action Report

Provider ID: 1-598419

Home Name: Charrie Carino, CNA

Review ID: 1-598419-5

94-416 Kalukalu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/26/2018

End Date: 9/28/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/26/18. Corrective Action Report issued during home visit with all items due to CTA by 10/26/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

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)(2) - APS/CAN for CG #2 and CG #3 done on 9/20/18. Expired on 10/5/17.

Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(6) - CG #1 not documenting leaving the CCFFH with a sign in/sign out sheet.

David A. Ayling RN
Compliance Manager

Charrie U. Carino
Primary Care Giver

9/26/18
Date

9/28/18
Date

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

CCFFH Name: CHARRIE U. CARINO
 CCFFH Address: 94-416 Kalukalu ST.
WAIKANA, HAWAII 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
<p>7.1(a)(2)</p> <p>52(e)(6)</p>	<p>I recieved current Aps / can certification from CG #2 and CG #3 and placed in my CTA binder.</p> <p>I have printed out a sign in / sign out sheet from the CTA website and placed in my CTA binder.</p>	<p>9/26/18</p>	<p>I made a list of the expiration dates of Aps / can for all CG'S and placed in the front of my CTA binder. I will review every month. I will sign out when I leave my CCFFH and have my SCG sign in, even if I don't have 3 clients.</p>

Primary Caregiver's Signature: Charrie U. Carino

Print Name: Charrie U. CARINO

Date of Signature: 9/28/18