

Foster Family Home - Corrective Action Report

Provider ID: 1-626517

Home Name: Carolina Alhambra, CNA

Review ID: 1-626517-6

91-1009 Pa Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 11/8/2018

End Date:

12/14/18
~~12/4/18~~ JOK

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

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

Comment:

6.d.1 - 3 client recertification inspection done today with a corrective action report issued during the visit. Corrective action plan due back to CTA by 12/8/18.

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)- HHM#3 lacks confidentiality training.

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

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

Comment:

41.(f)(1)- HHM #1,#2 and #3 lack a current TB clearance.



Compliance Manager



Primary Care Giver

11/8/18

Date

11-8/18

Date

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

CCFFH Name: Carolina Alhambra, CNA
 CCFFH Address: 91-1009 Pa Street, Ewa Beach, HI. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1.b.5	HHM#3 was trained on confidentiality and signed the form. Home placed the form in the administrative binder.	11/30/18	In the future, all new caregivers and household members will receive this training within 7 days of being added to the home.
41.f1	TB clearance was obtained for HHM#1,2,3. It was placed into home record.	11/30/18	Home will use a calendar to identify when requirements are due 1 month before expiration to allow time to get them done before they are done.

Primary Caregiver's Signature: CC Alhambra

Print Name: CAROLINA ALHAMBRA

Date of Signature: 12/12/2018