

Foster Family Home - Corrective Action Report

Provider ID: 1-560707

Home Name: Merl Cabradilla

Review ID: 1-560707-2

92-330 Akaula Street

Reviewer:

Kapolei HI 96707

Begin Date: 12/22/2016

End Date: 1/20/17

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 2 person CCFFH recertification review made on 12/22/16. PCG requests to increase to a 3 client CCFFH. PCG not currently a CNA (NA currently). Corrective Action Report issued during home visit with all items due to CTA by 1/22/17.

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

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) - No current TB clearance for CG #4(expired 11/19/16).

41.(b)(8) - No current Blood Borne Pathogen for CG #3.

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) - No record of monthly fire drills.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan not signed by all CG's.

Compliance Manager

Primary Care giver

Date

Date

January 17, 2017

Compliance Manager
Community Ties Of America

- Re: Corrective Action Report

To Whom It May Concern:

This to inform your office that :

41.(b)(7) - I have send to CTA the SCG change notification form (by removing from my SCG list due to non TB Clearance. (Still out of town and be reinstated as soon as SCG#4 back) *1-20-2017*

41.(b)(8) I have sent CTA a Bloodborne Pathogens and Infection for SCG # 2 and SCG # 3 on *1-20-2017*

45.(a) I now understand rule 45 and will conduct monthly fire drill as it says in the rules.

48.1(a) I have made all my CG's read my Emergency Preparedness Plan and sign it. I sent the signatures to CTA on *1-20-2017*

- I have placed all items (TB clearance, CPR, APS/Can) on my computer calendar with a one month notification.

v/s



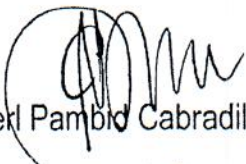
Merl Pambro Cabradilla
Merlynda Adult Care
92-330 Akaula Street
Kapolei, HI 96707

Compliance Manager
Community Ties Of America

Re: Corrective Action Report

To Whom It May Concern:

41. (b) (7) - I have sent CTA a SCG change notification form to remove SCG #4 on 1/20/2017.
41. (b) (8) - I received a Blood Borne Pathogen Certificate from SCG #3 and placed in my CTA Binder on 01/20/2017.
45. (a) I have conducted a fire drill and have scheduled all my CG's to lead a fire drill this year. I will use the fire drill form to record each fire drill every month.
48. (1) (a) - I have gotten all my CG's (# 1, 2, 3, & 4) to read my Emergency Preparedness Plan (EPP) and sign it. I will have all new CG's read and sign it when I hire them.


Merlynda Cabradilla 2/20/2017

Merlynda Adult Care
92-330 Akaula St
Kapolei, HI 96707