

# Foster Family Home - Corrective Action Report

Provider ID: 2-512196

Home Name: Chatylee Patao, CNA

Review ID: 2-512196-5

15-1538 29th Poni Moi, Kaloli

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 7/19/2017 End Date:

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

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

Comment:

Home survey visit performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 8/19/17. Extension granted with plan of correction due 12/01/17 per A. England, RN, Hawaii Operations Manager. Plan of correction not received. Home not recertified.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1(a)(1) Criminal history check last done for caregiver #1 in 2013. No current criminal history cone for caregivers # 2 or three for 2017.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)7 No current TB clearance for caregivers #3 or 4 in home binder.

41(b)8 No current CPR, First Aide or blood borne pathogens for caregiver # 3. No blood borne pathogens for caregiver # 4 in home binder for 2017.

41.c No annual training in home binder for caregivers # 3 or 4 for 2017.

Home closed on 12/1/2017. Did not submit a corrective action plan.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date