

Foster Family Home - Corrective Action Report

Provider ID: 1-150081

Home Name: Marivic Gallardo, CNA

Review ID: 1-150081-4

860 Hoomoana Way

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 3/19/2018

End Date: 4/09/2018

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 was made for a 3 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/19/2018.

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

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

Comment:

7.1(a)(1)-No fingerprinting present for CG#3 in home's folder.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No signatures present on current service plan for client #2 and client #3. No RN delegation present client #2 and no skills check for a medication administration on client #3.

3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45(3P)(b)(6)-No documentation of fire drill conducted by CG#3.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

3/19/18
Date

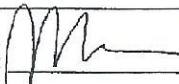
3/19/2018
Date

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

CCFFH Name: Marivic Gallardo
 CCFFH Address: 860 Hoomoana Way Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (a)(1)	CG#3 Fingerprint done on March 20, 2018. Copy is inside the Home Personnel Record binder.	March 20, 2018	The home will check the Home Personnel Record binder to make sure all SCG's is updated on fingerprints and other approve paperworks (check monthly)
4.3(c)(3)	Current service plan is signed for client #2 and client #3 done on April 5, 2018. RN delegation done by case manager. Skills check for administering medication for client #3.	April 5, 2018	The home will communicate with case manager to make sure service plan is signed and dated by family members and SCGs. The home will update medication skills with SCGs through training.
45.(3P)(b)(6)	SCG #3 conducted April 3, 2018 fire drill. Fire drill document is added in the Home Personnel Binder.	April 3, 2018	The home will insure all SCGs conduct Fire Drill at least once per year. A reminder will be in the home calendar written monthly to prevent forgetting.

Primary Caregiver's Signature: _____



Print Name: MARIVIC GALLARDO

Date of Signature: APRIL 9, 2018