

Foster Family Home - Corrective Action Report

Provider ID: 1-150017

Home Name: Rosemarie Ibarra Oriol, CNA

Review ID: 1-150017-4

94-168 Kaiao Place

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 4/13/2018

End Date: 5/10/2018

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 made for a 2 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 5/13/2018.

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 current e-crim for CG#1 and CG#2.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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.

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(a)(3)-No documentation of one year experience in a home setting for CG#2 in the home.

41(b)(7)-No current TB clearance for CG#2 in the home's folder.

41(b)(8)-No current blood-borne pathogen training for CG#2 in the home's folder.

41(c)-No current annual training present for CG#2 in the home's folder.

5/10/2018 - Home closed voluntarily.

Carrie Wakai RN
Compliance Manager

Rosemarie E. Oriol
Primary Care Giver

4/13/18
Date

4/13/18
Date