

Foster Family Home - Corrective Action Report

Provider ID: 1-617699

Home Name: Maribel Fernandez, CNA

Review ID: 1-617699-6

2178 Aamanu Street

Reviewer: Angel England

Pearl City HI 96782

Begin Date: 12/4/2018

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 bed re-certification inspection survey. Corrective action report issued during home visit with a written plan of correction due to CTA by 1/4/19.

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.1 and a.2 HHM#1 did the background checks on 11/26/18. Results are not back yet.

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

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

Comment:

41.b.8 Blood Borne Pathogen training lapsed for CG#1, was due on/before 1/2/18 and was done on 2/1/18.

Foster Family Home Client Rights [17-1454-50]

50.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

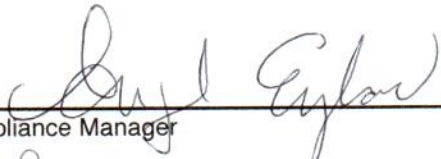
50.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

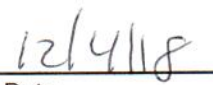
50.b.9 Under the My choice, My way MedQuest agreements and new federal HCBS rules clients must be able to lock their bedroom and bathroom doors safely for privacy. There are no locks present on either client bedroom door.

50.b.16 Under the My choice, My way MedQuest agreements and new federal HCBS rules clients must have free access to food and beverages. The home has a small step up into the kitchen that would prevent wheelchair clients from free access.

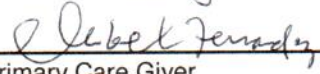
Home closed no written plan of correction sent.



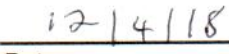
Compliance Manager



Date



Primary Care Giver



Date