

Foster Family Home - Corrective Action Report

Provider ID: 4-180058

Home Name: Ruby Lee Castillo, CNA

Review ID: 4-180058-1

222 Ohaa Street

Reviewer: Angel England

Kahului HI 96732

Begin Date: 11/30/2018

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 new home application inspection survey. Corrective action report issued during home visit with a written plan of correction due to CTA by 12/30/18.

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 Fingerprint results were not present. They were just done today. *For HHM#1*

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.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.b.8 No first aide present for CG#1.

41.f.1 and f.2 There is a connecting doorway that leads to upstairs. There are two adults that live upstairs that need to be added as a household member with a tuberculosis clearance, background checks and confidentiality training.

Angel England

Compliance Manager

Ruby Lee Castillo

Primary Care Giver

11/30/18

Date

12/30/18

Date

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

CCFFH Name: Ruby Lee Castillo

CCFFH Address: 222 Ohaa St. Kahului, HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Preventive Strategy
7.1.a.1	HHM#1 APS CAN and Fingerprint issued with a green light and kept in binder.	12/4/18	Home understands the background check requirements. Home will be responsible to obtain copy of the result.
41.b.8	PCG CPR First Aide Certificate obtained and kept in binder	12/1/18	I will use a reminder on my phone calendar to make requirement to be done 1 month prior to due date.
41.f.1	HHM#2 TB Clearance obtained, APS CAN and Fingerprint received a green light determination, Ecrim Certified Record Data Generated, and Confidentiality Training signed. All of the above documents were kept in binder.	12/06/18	Mark on my calendar yearly to keep updated. Home understands the background check requirements. Home will be responsible to obtain copy of the result. In the future, PCG will make it sure to trained all new HHM for Confidentiality Policies & procedure/client privacy rights upon adding them to home to prevent deficiency.
		12/14/18	
		12/12/18	
		12/11/18	
41.f.2	HHM#3 TB Clearance obtained, APS CAN and Fingerprint received a green light determination, Ecrim Certified Record Data Generated, and Confidentiality Training signed. All of the above documents were kept in binder.	12/05/18	Mark on my calendar yearly to keep updated. Home understands the background check requirements. Home will be responsible to obtain copy of the result. In the future, PCG will make it sure to trained all new HHM for Confidentiality Policies & procedure/client privacy rights upon adding them to home to prevent deficiency.
		12/11/18	
		12/12/18	
		12/11/18	

Primary Caregiver's Signature: R Castillo

Print Name: Ruby Lee Castillo

Date of Signature: January 14, 2019