

Foster Family Home - Corrective Action Report

Provider ID: 1-512857

Home Name: Asena Moala, CNA

Review ID: 1-512857-7

1929 Wilder Avenue

Reviewer: David Ayling

Honolulu HI 96822

Begin Date: 3/4/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 3/4/19. Corrective Action Report issued during home visit with all items due to CTA by 4/4/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

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)(8) - CPR and First Aid expired on 6/12/18 for CG #3. Renewed on 12/6/18.

41.(c) - No in-service training for CG #2 during 2018.

Foster Family Home Client Care and Services [11-800-43]

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 16-89-100.

Comment:

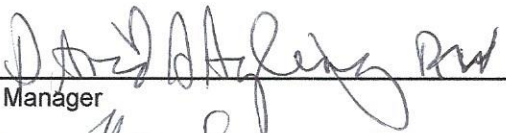
43.(c)(3) - CG #4 and CG #5 have not had RN delegations for client #1 and client #2.

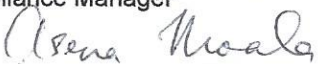
3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(6) Fire - CG #4 and CG #5 have not lead a fire drill during 2018.


Compliance Manager


Primary Care Giver

3/4/19
Date

3/4/19
Date

