

Foster Family Home - Corrective Action Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-6

1935 Ulana Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 2/11/2019

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification made on 2/11/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/11/2019.

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 6/12/2017, done on 7/07/2017.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No record of Confidentiality policies and procedures training for CG#2, CG#3, CG#4, and HMM#1, HMM#2, HMM#3 in home folder.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 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)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department 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 record of Job experience form for CG#4 in home folder.

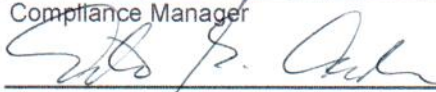
41.(b)(4) - No record of SCG disclosure form for CG#4 in home folder.


41.(b)(7) - TB clearance screening form current for CG#3, but no proof of chest x-ray in home folder. No current record of TB clearance for HHM#1, last done 4/19/2016.

41.(b)(8) - No current blood borne pathogen in home folder for CG#4, expired 2/01/2019.

41.(c) - No proof of 9 hours in-service training in home folder for CG#1 for 2017/2018, only 15 hours completed. No proof of 12 hours in-service in home folder for CG#3 for 2018.


Compliance Manager


Primary Care Giver


Date


Date

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

CCFFH Name: EMILIO G. ANDRES
 CCFFH Address: 1935 Umana St. Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG #3 Lapped & CHART AT Bulletin board were posted including other requirements with expiration and checked every week.	2/07/19	Applicable requirements was placed in a bulletin board with respective names and dates of expiration for easier checking every week.
16.(b)(5)	Confidentiality - ppl: ccs & procedure of clients privacy training was undertaken by caregivers and household members with respective signatures on the form and attached in the Home folder	CG#2 2/20/19 CG#3 2/25/19 CG#4 2/13/19 HHM#1 2/14/19 HHM#2 2/14/19 HHM#3 2/14/19	Folder must be checked monthly for updates and attaching new requirements.
41(a)(2)	Job experience of CG#4 was provided on the Home folder	2/14/19	Applicable requirements that requires is posted on the bulletin board with respective dates of expiration for easier checking on regular basis every week.
41(b)(4)	CG#4 disclosure form was provided in the Home folder	2/13/19	
41(b)(7)	HHM#1 TB clearance was provided in Home folder (check X-ray)	2/27/19	
41(b)(8)	Work book of therapy for CG#4 was provided in the Home folder	2/14/19	
41(c)	CG#1 9HRS & CG#3 12HRS in service training was provided in Home folder.	CG#1 2/12/19 2/16/19 2/16/19 CG#2 2/15/19 2/15/19 2/16/19	Applicable requirements with signature dates to be checked every week.

Primary Caregiver's Signature: Emilio G. Andres

Print Name: EMILIO G. ANDRES Date of Signature: 03/04/2019