

Foster Family Home - Corrective Action Report

Provider ID: 1-190029

Home Name: Julietette Lacar, CNA

Review ID: 1-190029-1

94-732 Kaaka Street

Reviewer: Angel England

Waipahu HI 96797

Begin Date: 4/10/2019

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 made for a 2 bed new home application. Corrective action report issued during inspection with a written plan of correction due to CTA by 4/25/19.

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 confidentiality/privacy rights training present for CG#2, CG#3, HHM#2 and HHM#3.

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

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.

Comment:

41.b.7 No current TB clearance present for CG#2

41.b.8 No current CPR/1st aid present for CG#2

Foster Family Home Physical Environment [11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.a.5 There is a smoke detector chirping near the client bedroom.

49.c.3 There is a small hole and tear in one screen in client bedroom that could allow pests to enter, including mosquitoes.

There is a hole in the wall directly behind the door handle in the client bedroom from the door handle going into the wall when opening door.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.a.1 Neither CG#3 nor CG#4 are listed on general liability insurance.



Compliance Manager



Primary Care Giver

4/10/19
Date

4/10/19
Date

ATTN: Angel England, RN

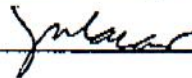
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Julienne Lacar

CCFFH Address: 94-732 Kaaka Street Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.b.5	CG#2, CG#3, HHM#2 and HHM#3 was trained on confidentiality and signed the form. The said form was placed into home record.	04/12/19	In the future, all new SCG and HHM will received training on confidentiality within 7 days of being added to the home
41.b.7	TB clearance was obtained for CG#2. The said document was placed into home record.	04/12/19	Reminders and notes 60 days prior to expiration of documents will be made on calendars and in a spreadsheet on desk top computer and on PCG's phone.
41.b.8	CPR/1st aid for CG#2 was obtained. It was placed into home record.	04/12/19	reminders and notes 60 days prior to expiration date will be made on calendars and on a spreadsheet on desk top computer and on PCG's phone.

Primary Caregiver's Signature: _____



Print Name: Julienne Lacar

Date of Signature: 04-12-19

ATTN: Angel England, RN

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

CCFFH Name: Julienne Lacar

CCFFH Address: 94-732 Kaaka Street Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.a.5	new smoke detector has been installed	04/12/19	will test smoke detector monthly and document it on a spreadsheet on desk top computer for record
49.c.3	a patch was made to cover the tear on the screen in the client bedroom. a self adhesive mesh patch was placed over the hole in the wall and a spring door stopper was placed on the left bottom part of the door.	04/12/19	will make a monthly ocular inspection on walls and screen windows and document it on a spreadsheet on desk top computer for record.
51.a.1	contacted insurance agency and CG#3 and CG#4 was added on the general liability insurance.	04/12/19	in the future, will notify insurance agency all new caregivers to be added on the general liability insurance before starting to provide care for the clients.

Primary Caregiver's Signature: Julienne Lacar

Print Name: Julienne Lacar

Date of Signature: 04-12-19