

Foster Family Home - Corrective Action Report

Provider ID: 1-190032

Home Name: Minerva Ignacio, CNA

Review ID: 1-190032-1

1927 Kaumualii Street

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 4/18/2019

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

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

Comment:

6.(d)(1)- New home inspection made on 4/18/2019 for 2 person bed CCFFH.
Corrective action report issued during new home inspection with corrective action plan due back to CTA on 5/18/2019

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) - No proof of first set of Fingerprints for HHM#1, HHM#2, HHM#3 & HHM#4 in home binder.

8.(a)(2) - No proof of APS/CAN for HHM#1, HHM#2, HHM#3 & HHM#4 in home binder.

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 proof of confidentiality training in home binder for CG#2, HHM#2, HHM#3, & HHM#4.

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

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

Comment:

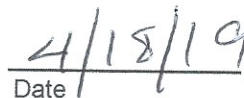
41.(f)(1) - No record of TB clearance in home binder for HHM#2, HHM#3 & HHM#4.

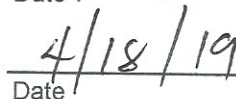


Compliance Manager



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: MINERVA D. IGNACIO
 CCFFH Address: 1927 Kaunualii St. Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.b.5	SCG # 2 HHM # 2 HHM # 3 HHM # 4 was trained on confidentiality and signed the form. I placed the form in the binder	4-23-19 4-29-19 4-29-19 4-29-19	In the future all caregivers and household members will receive this training within 15 days of being added to the home. I will use calendars and checks my record in my binder to remind me that they need this training.
41.F.1	Chest X-ray TB clearance was obtained for HHM # 2 HHM # 3 HHM # 4 They went for chest x-ray because they are positive with the skin test.	4-23-19 4-24-19 4-26-19	I will notify household members need to obtain TB clearance for Foster Home Application. In the future they need to do it again for the record. I will prepare one month before due date. I will use calendar to input all requirement and due date

Primary Caregiver's Signature: *Minerva D. Ignacio*

Print Name: MINERVA D. IGNACIO Date of Signature: 05-01-19

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

CCFFH Name: MINERVA D. IGNACIO

CCFFH Address: 1927 Kaunualii St. Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Fingerprints for HHM # 1 HHM # 2 HHM # 3 HHM # 4 They finished their appointment but the result is still in process.	3-20-19 4-22-19 4-22-19 4-23-19	I understand the background check requirement. I will use on iphone to input all requirements and all due dates to prevent any future lapses. I will prepare 10 days before it will lapse.
8.a.2	APS/CAN for HHM # 1 HHM # 2 HHM # 3 HHM # 4 was done but the result is still in process		I understand this is also included in requirement for Foster Home application. In the future I will prepare 10 days before it will lapse. I will use iphone to input all due dates to prevent any future lapses.

Primary Caregiver's Signature: *Minerva D. Ignacio*

Print Name: MINERVA D. IGNACIO Date of Signature: 05-01-19