

Foster Family Home - Corrective Action Report

Provider ID: 1-170019

Home Name: Aynes Lacambra, RN

Review ID: 1-170019-5

91-944 Mailani Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

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 for a 2 person CCFH recertification made on 4/10/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/10/19.

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.

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.7 CG#5 TB done 2/13/2018 no other proof of TB clearance in binder after that.

41.b.8 CG#2 has expired certifications for CPR/ First aid expiration 1/10/2019, and BBP expired 1/10/2018 . CG#3 BBP certification is expired 11/28/2018.

41.c PCG#1 missing 6 hours if annual in-service for 2018.

CG#2,3,and 4 are missing annual in-service all together.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.a GC#5 is not listed on the liability insurance.

Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.c.8 Client #1 has no personal inventory list filled out.



Compliance Manager



Primary Care Giver

4/10/2019

Date


4/10/19

Date

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

CCFFH Name: **Aynes Lacambra, RN**
 CCFFH Address: **91-944 Mailani Street, Ewa Beach, Hawaii 06706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	TB Screening Clearance with +/- proof TB skin test placed in the CCFFH administrative binder for CG #5.	4/11/19	Home will use a spreadsheet on laptop to identify when requirements are due two months before they expire to allow time to get them done before they are due. Home will place the results into home record. Home will check computer spread sheet at least once a month.
41.b.8	Blood Borne Pathogen (BBP) completed on 4/10/2019 for for CG # 2. CPR/First aid certification completed on 4/10/2019 for CG # 2. Blood Borne Pathogen (BBP) completed on 4/10/2019 for CG # 3.	4/10/19	Home will use a spreadsheet on laptop to identify when requirements are due two months before they expire to allow time to get them done before they are due. Certificates will be placed in the CCFFH administrative binder.

Primary Caregiver's Signature: 


Print Name: AYNES LACAMBRA

Date of Signature: 10 MAY 2019

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

CCFFH Name: **Aynes Lacambra, RN**
 CCFFH Address: **91-944 Mailani Street, Ewa Beach, Hawaii 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.c	Six hours of annual in-service for 2018 completed by PCG # 1.	4/11/19	The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
	Eight hours of annual in-service for 2018 completed by CG # 2, 3, and 4.	4/11/19	
51.a	Included CG # 5 in the liability insurance completed.	4/11/19	The primary caregiver will include CG # 5 in the liability insurance on yearly renewal.
54.c.8	Personal inventory of Client # 1 completed.	4/11/19	The primary caregiver will do personal inventory every time Client # 1 has new personal belongings. Documentation of personal inventory will be done every 2-3 months. Inventory list will be placed in the CCFFH binder.

Primary Caregiver's Signature: 

Print Name: AYNES LACAMBRA

Date of Signature: 10 MAY 2019