

Foster Family Home - Corrective Action Report

Provider ID: 1-180045

Home Name: Cherry Fiesta, CNA

Review ID: 1-180045-2

94-412 Opeha Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/6/2019

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 2 person CCFFH recertification made on 5/06/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/06/19.

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8) - No record of CPR, basic first aid training and blood borne pathogen training for CG#4 in home folder.

41.(g) - No documentation of basic skills competency for CG#2 & CG#3 in Client #1 chart and no record of basic skills competency for CG#2 in client #2 chart.

Foster Family Home Records [11-800-54]

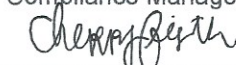
54.(c)(5) Medication schedule checklist;

Comment:

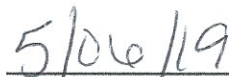
54.(c)(5) - Medication administration record for Client #1 not charted as medications given for the month of May 1st-5th, 2019.



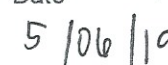
Compliance Manager



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: **Cherry Fiesta**

CCFFH Address: **94-412 Opeha St. Waipahu, HI. 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (b) (8)	CG#4 CPR, basic first aid training, and blood borne pathogen training were done. Copies of the cards were placed into home folder.	5/12/19	PCG will double check all requirements and make sure that all documents are in order. PCG will use a calendar to input all due dates 60 days before they expire.
41. (g)	Basic skills competency for CG#2 and CG#3 were signed by RN CM for Client #1 and placed in clients' chart.	5/08/19	PCG will have the basic skills competency done within the first month a client is admitted. PCG will put in reminder in front of binder.
	Basic skills competency for CG#2 was signed by RN CM and put in client #2 chart.	5/08/19	
54.(c)(5)	Client #1 medication administration record was signed during CTA visit.	5/06/19	PCG will sign medication administration record that same day as giving medications.

Primary Caregiver's Signature: *Cherry Fiesta*

Print Name: Cherry Fiesta

Date of Signature: 5/23/19