

Foster Family Home - Corrective Action Report

Provider ID: 1-110050

Home Name: Hermelita Martinez, CNA

Review ID: 1-110050-9

92-655 Aahualii Street

Reviewer: Lisa Johnson

Kapolei HI 96707

Begin Date: 5/15/2019

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 CCFH recertification made on 5/15/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/15/19.

PCG wants to decrease to a 2 client home.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.5 Proof of auto insurance is present, but no documentation of Bodily injury coverage of at least 100000\$, or property damage of at least 30000\$ on any of the vehicles.

41.c required in-service hours for CG#3 was short, 5 of 8 hours were completed in 2018.

41.f.1 HHM#2 TB clearance expired 8/9/2018, none done since then.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.d.1-2 [REDACTED] is checked on service plan, but not checked on MD orders for client #1.


Compliance Manager


Primary Care Giver

5/15/2019
Date

5/15/19
Date

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

CCFFH Name: Hermelita Martinez
 CCFFH Address: 92-655 Aahualii St. Kapolei HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.5	Proof of auto insurance is now present in my home administrative binder.	5/20/19	Home has made a calendar to prevent this from happening in the near future.
41.c	Lapse cannot be corrected	5/20/19	Home will understand that in service hours of CG #3 was short 5 hours. Home will use calendar on cellphone to input all due dates to prevent any future lapses.

Primary Caregiver's Signature: Hmartinez

Print Name: Hermelita Martinez

Date of Signature: 6/13/19

