

Foster Family Home - Corrective Action Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-9

91-869 Halalii Street

Reviewer: Lisa Johnson

Ewa Beach

HI 96706

Begin Date: 4/17/2109

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 CCFFH recertification made on 4/17/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/17/19.

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;

Comment:

8.a.1-2 CG# 5 has documentation of fingerprinting and APS/CAN done 3/13/2017, no proof of them done when due on 3/13/2019.

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.

Comment:

41.b.8 CG# 4 has lapse in CPR and first aid certification. CPR expired 1/20/2019 and then done 3/18/2019. First Aide expired 1/20/2019 and then done 4/1/2019.

Blood borne pathogen certification expired 3/11/2019 then done 4/1/2019.

Foster Family Home

Client Care and Services

[11-800-43]


43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 CG# 3 and 5 have not signed the current delegations for client #3



Compliance Manager



Primary Care Giver

4/17/2019

Date

4/17/19

Date

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

CCFFH Name: Jan Gladhar Rosario
 CCFFH Address: 91-869 Halalii St. Ewa Beach, HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 8.a.1-2 | Home collected CG #5 3/13/2017 fingerprinting and APS/CAN from caregiver. | 4/19/2019 | Home will notify caregivers that fingerprinting and APS/CAN needs to be provided to PCG before being added as a caregiver to home. |
| 41.b.8 | Lapse cannot be corrected. | 4/17/19 | Home understands CPR and first aid certification, blood borne pathogen requirements. Home will use calendar on phone, and list of upcoming expirations reminder to prevent future lapse. |
| 43.c.3 | Home had CG# 3 and 5 signed delegations for client #3 and placed into home record. | 4/18/19 | Home will notify CMA that RN delegation needs to be performed within the due date. Home made a calendar with all the due dates. |

Primary Caregiver's Signature: 

Print Name: Jan Gladhar Rosario Date of Signature: 5/16/19