

# Foster Family Home - Corrective Action Report

Provider ID: 1-510182

Home Name: Marilou Tomas, CNA

Review ID: 1-510182-7

94-253 Loaa Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/27/2019

## 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 CCFFH recertification made on 3/27/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/27/19.

## 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) - CG#1,2 e-crime due on or by 1/27/2019, completed 3/26/2019.

CG# 5 has an expired APS/CAN that was due by or on, 3/20/2019, e-crime is also expire by same caregiver due by or on 1/27/2019.

## 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#2 no proof of BBP done before 12/30/2018.

CG#5 CPR and first aid lapse done 8/24/2017, then completed 2/8/2019, same caregiver has BBP that expired 1/17/2019, no proof of current certification.

41.c CG#5 not completed 12 hours of in-service in a 24 month period, 3 hours done in 2018 and 8 hours in 2019.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.c.3 Clients room window has a screen that is ripped, exposes client to mosquito's.

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e Gate closed with a sign of beware of dog, no intercom.

# Foster Family Home - Corrective Action Report

Foster Family Home

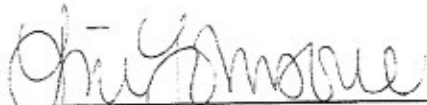
Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

-----  
Comment:

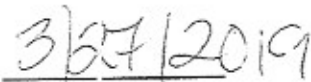
54.c.6 Service plan for client #3 has no signature.



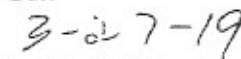
Compliance Manager



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: Marilou Tomas

CCFFH Address: 94-253 Loaa st. Waipahu Hi. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.c.3	Screen on window in clients room was replaced.	5/6/19	Home will inspect windows for rips or breakage once per month.
50.e	Intercom was placed at front gate.	5/6/19	Home will insure a safe entrance for family member and the healthcare team at all times.
54.c.6	Service plan for client #3 was signed.	5/6/19	Home will in the future notify responsible party for all clients within 2 days if there has been a change in the service plan so home can obtain signatures.

Primary Caregiver's Signature: \_\_\_\_\_

*Mariou Tomas*

Print Name: Mariou Tomas

Date of Signature: 5-8-19

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

CCFFH Name: **Marilou Tomas**

CCFFH Address: **94-253 Loaa st. Waipahu Hi. 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Lapse cannot be corrected for CG#1 and 2. CG#5 was removed as SCG 5/6/2019. Home has filled out substitute removal form and placed in binder	5/6/19	Home understands the background check requirements. Home will use calendar to remind PCG of due dates to prevent future lapses.
41.b.8	Missing Blood borne pathogen certificate for CG#2 was obtained and placed into home record. CG#5 was removed as SCG 5/6/2019. Home has filled out substitute removal form and placed in	5/6/19	Home will input in calender when dates are due for certifications, and will also coordinate with SCG to prevent delays from happening.
41.c	CG#5 was removed as SCG 5/6/2019. Home has filled out substitute removal form and placed in	5/6/19	Home will input in calender when dates are due for certifications, and will also coordinate with SCG to prevent delays from happening.

Primary Caregiver's Signature: Marilou Tomas

Print Name: Marilou Tomas Date of Signature: 5-21-19