

# Foster Family Home - Corrective Action Report

Provider ID: 1-561929

Home Name: Andrea Abad, CNA

94-685 Kalae Street

Waipahu

HI 96797

Review ID: 1-561929-7

Reviewer: Maribel Nakamine

Begin Date: 3/20/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Annual visit completed.

Corrective Action Report issued during home visit with all items due to CTA by 4/20/2020.

6.(d)(1)- see applicable sections of the review

## 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.

Comment:

41.(b)(7)- TB clearance lapsed on 1/19/2020 for CG#2; CG#3 lapsed on 5/23/19; CG#4 lapsed on 11/28/19; CG#5 lapsed on 9/10/19; and CG#6 on 2/2/2020. All had no renewals seen in home binder.

41.(b)(8)- CPR and First Aid lapsed for CG#2 on 1/30/2020; and CG#3 on 1/10/2020. All had no renewals seen in home binder. Blood borne pathogen and infection control lapsed for CG#1 on 1/4/2020; CG#2 lapsed 1/4/2020; CG#3# on 1/4/2020; CG#4 on 1/12/2020; CG#5 on 1/4/2020 and CG#6 on 1/4/2020. All had no renewals seen in home binder.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drills conducted from 8/2019 - 2/20/2020.

*Maribel Nakamine, M*

Compliance Manager

Date

*3/20/2020*

*Abad*

Primary Care Giver

Date

*3/20/2020*