

Foster Family Home - Corrective Action Report

Provider ID: 1-190061

Home Name: Leonida Calixto, CNA

3608 Salt Lake Blvd.

Honolulu

HI 96818

Review ID: 1-190061-4

Reviewer: David Ayling

Begin Date: 1/27/2021

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 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 2/27/21.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 12/26/2020 for CG #4.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No confidentiality training for CG #3 and CG #4.

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 for CG #1 expired on 12/26/2020.

41.(b)(8) - Blood Borne Pathogen certification expired on 1/17/2021 for CG #3.

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 fire drills performed since last May 2020 by any CG's.

David A. Ayling
Compliance Manager

1/27/2021
Date

Leonida C. Calixto
Primary Care Giver

1/27/2021
Date