

Foster Family Home - Corrective Action Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

Review ID: 1-560781-7

3447 Ala Hapuu Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 5/19/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/19/2021

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.

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)(7) CG#2 last TB was 4/14/20. No 2021 TB.

41.(b)(8) CG#3 BBP lapsed exp 2/25/19 and again on 1/16/21.

41.(c)

CG#1 9.5 hrs training in 2020

CG#2 and CG#3 training hours ok, But blank training certificates for 2020 from various sources in binder.

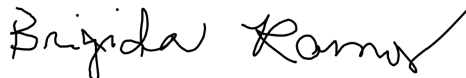
Foster Family Home Fire Safety [11-800-46]

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)

only Jan-April 2020 FD no more in 2020 or in 2021



Compliance Manager

Primary Care Giver

5/19/2021

Date

5/19/2021

Date