Foster Family Home - Corrective Action Report

Provider ID: 1-180081

Home Name: Evangeline Domingo, CNA Review ID: 1-180081-5

1140 Kamehameha IV Road Reviewer: Julie Hastings

Honolulu HI 96819 Begin Date: 4/19/2021

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

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

Comment:

6.(d)(1

Home inspection completed for a person CCFFH recertification.

Home asking to increase to a three client CCFFH

- Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 5/19/2021.

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)

CG#1 APS/CAN lapsed. did on 5/21/18. Was due 5/21/19. Did on 7/15/19.

HHM#7 APS/CAN/Fingerprint lapsed. Did on 8/20/19. Was due 8/20/20. Not done

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) CG #2, #3, #4 and HHM#7 have no confidentiality /privacy training

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Foster Family	y Home	Personnel and Staffing	[11-800-41]
41.(a)(3)	Have at	least one year of experience in a home	e setting as a NA, a LPN, or a RN; and
41.(b)(4)		ate with the department to complete a p	osychosocial assessment of the caregiving family system in
41.(b)(7)		current tuberculosis clearance that mee	ets department guidelines; and
41.(b)(8)		ocumentation of current training in blood ation, and basic first aid.	d borne pathogen and infection control, cardiopulmonary
41.(c)	training	annually which shall be approved by th	rs, and the substitute caregiver shall attend eight hours, of in-service ne department as pertinent to the management and care of clients. tation of training received by all caregivers, in the caregiver file in the
41.(f)(1)	Tubercu	losis clearances that meet department	t of health guidelines; and

Comment:

41.(a)(3) CG#2, CG#3 do not have work experience in the binder

41.(b)(4) C#1 and CG#4 do not have disclosure forms in the binder

41.(b)(7)

CG#2 TB lapsed was last done 4/9/18

CG#3 lapsed was last done 8/28/17

41.(b)(8) CG#2 CPS/ First aid lapsed expired on 9/1/2020. PCG admits does not have.

41.(c) CG#1 only has 7 hours training for 2020, CG's 2. 3. 4. have no 2019 or 2020 training.

CG#4 lapsed was last done7/30/18

41.(f)(1) HHM#3, 4, 5, 6, 7, have no TB on record or any TB declniation form on record.

Foster Fam	ily Home	Fire Safety	[11-800-46]	
46.(a)	of the da		tain a record, in the home, of unannounced fire drills at differe be conducted at least monthly under varied conditions and sl	
Comment:				
46.(a) No January-	July 2020 fire	drills documented		
Foster Fam	ily Home	Fiscal Requirements	[11-800-52]	
52 (h)	The hor	na shall maintain fiscal records, docur	nents and other evidence that sufficiently and properly reflect:	all funds

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)

No budget in binder for CCFFH

Compliance Manager

Primary Care Giver

A/20/2021

A/20/2021

Date

Date