

Foster Family Home - Corrective Action Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-9

45-357 Lehuuila Street

Reviewer: Julie Hastings

Kaneohe

HI 96744

Begin Date: 5/12/2021

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 2 person CCFFH recertification.

- Home inspection completed for a 2 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 6/12/2021

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#3 APS/CAN lapsed did 6/13/18- and then again 3/24/21

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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.(a)(2)
CG#3 and CG#4 do not have current license in binder

41.(b)(7)
CG#1 TB lapsed did 10/10/19. and again 1/23/21
CG#2 TB expired last done 4/28/19 no new TB
CG#4 TB expired last done 11/5/19

41.(b)(8)
CG#1 CPR/First Aid lapsed. Expired 2/25/2020 did again 6/25/20.

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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 in May or July 2020. No fire drills conducted by CG#2 or CG#3.



Compliance Manager



Primary Care Giver

5/12/2021

Date

5/12/2021

Date