

# Foster Family Home - Corrective Action Report

Provider ID: 1-180044

Home Name: Jaizl Pinera, CNA

Review ID: 1-180044-5

4043 Keaka Drive

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 5/3/2021

## 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 3 person CCFFH recertification.

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 6/3/2021.

## 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)(1) CG#2 last Fingerprint 11/20/19 Was due on or before 11/20/20 no new Fingerprint  
CG#3 Fingerprint due 4/29/20. Did on 4/1/21

8.(a)(2)CG#2 APS/CAN 11/20/19 Was due on or before 11/20/20 No new APS/CAN  
CG#3 APS/CAN due 4/29/20. Did on 4/1/21

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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.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG#2, CG#3 and CG#5 TB lapsed. CG#2 last TB was 9/26/19 CG#3 last was 2/20/2020 No current TB in Binder. CG#5 last was 2/20/2020 No current TB in Binder

41.(b)(8) CG#5 had no BBP training in 2020

41.(c) CG#1, #2, #3, #5 have only 8 hours annual training for 2020.

41.(e) CG#2 only approved for 2 client

41.(f)(1) HHM#2 and HHM #6 have no Current TB in Binder

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire No July-Dec 2020 Fire Drill conducted



Compliance Manager

 be text here

Primary Care Giver

5/3/2021

Date

5/3/2021

Date