

Foster Family Home - Corrective Action Report

Provider ID: 1-190024

Home Name: Maria Fe McGehee, RN

Review ID: 1-190024-4

47-500A Waipaipai 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)
8.(a)(2)
Cg#1, #2, #3, #4
HHM #3 and #4 have no APS/CAN fingerprint on record

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)
CCFFH did not report or get any background checks for 2 tenants that moved un 11/28/2020

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) HHM#3 and #4 have no privacy training on record.

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Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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 CNA license expired in Binder

41.(b)(4) CG#2 does not have a disclosure form

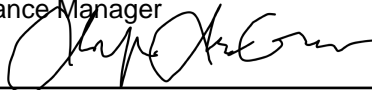
41.(b)(7)
CG#1, CG#2, #3, HHM#3, #4 have no current TB

41.(b)(8) CG#2 and CG#3 CPR/First Aid Expired 4/31/2021
CG#1, #2, #3 have no current blood borne pathogen training

41.(c) CG#1 only had 5/5 hrs training in 2020 CG#2 and CG#3 had no training in 2020



Compliance Manager



Primary Care Giver

5/12/2021

Date

5/12/2021

Date