

Foster Family Home - Corrective Action Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, CNA

Review ID: 4-170048-7

5 Puakala Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/7/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 8/7/2021.

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) - HHM#3 did not have a current fingerprint or eCrim result in their file.

8.(a)(2) - CG#3 and HHM#3 did not have a current APS/CAN check in their file.

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 did not have evidence of confidentiality training.

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

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - CG#3 did not have evidence of BBP/Infection Control training in the last 12 months.

41.(c) - CG#3 did not have evidence of inservice training hours in the last 12 months.

41.(f)(1) - HHM#3 did not have evidence of TB clearance.

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Foster Family Home


Records

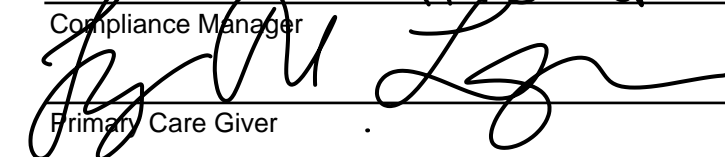
[11-800-54]

54.(c)(8) Personal inventory.


Comment:

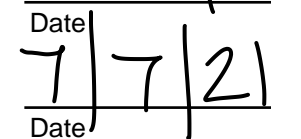
54.(c)(8) - Client #1 did not have evidence that a personal inventory was completed since admission.



Compliance Manager


Primary Care Giver



Date


Date