

Foster Family Home - Deficiency Report

Provider ID: 1-190080

Home Name: Josie Taylan, CNA

Review ID: 1-190080-6

94-538 Koaleo Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/10/2021

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
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/10/2021.
CCFFH Applying to Increase to a 3 client CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; 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.

Comment:

41.(a)(3)
CG#6 ha no work experience in chart. She must show enough work experience to be able to be approved in a 3 client home.

41.(b)(8)
CG#2 CPR/First aid expired 6/15/2017
CG#4 CPR/First aid expired 1/2/2021

41.(b)(8)
CG#2 has no Blood borne Pathogen for 2020
CG#4 Blood Borne Pathogen expired January 2021

41.(c) CG#3 has no training for 2020

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year


Comment:

(3P)(b)(6) Fire
No Fire Drill conducted by CG#2 or CG#4 in 2020.


Compliance Manager

9/10/2021

Date


Primary Care Giver

9/10/2021

Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Josie Taylan

(PLEASE PRINT)

CCFFH Address: 94-538 A Koaleo St. Waipahu Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.a.3	Obtained CG#6 hours and work experience from other foster homes.	9/11/21	Make sure new caregivers can provide their work hours and experience in the future to be able to be approved.
41.b.8	Obtained both CG#2 and CG#4 CPR/First Aid certificate and placed it in my binder.	09/10/21	Home will create a calendar of expirations date with a reminder 1 month prior to due by date. I will also communicate better with CG's
41.b.8	Obtained both CG#2 and CG#4 BBP training certificate and placed it in my binder.	09/10/21	for their availability to provide the documents that are needed.
41.c	Lapse of In Service training for 2020 cannot be corrected for CG#3.	09/12/21	Home will create a calendar of expirations date with a reminder 1 month prior to due by date
3P.b.6	Scheduled CG to conduct a fire drill on [redacted] at [redacted]	09/10/21	I will communicate better with CG's for their availability to conduct fire drills at least once per year. Home will create a calendar and Schedule CG to conduct a fire drill

All items that were fixed are attached to this CAP

PCG's Signature: *Josie Taylan*

Date: 09/12/21

CTA has reviewed all corrected items