

Foster Family Home - Corrective Action Report

Provider ID: 1-100049

Home Name: Mario Patricio, CNA

Review ID: 1-100049-8

99-634 Hulumanu Street

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 3/29/2021

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 4/29/2021

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 with [REDACTED] on APS/CAN/Fingerprint and e-Crim

CG#2 APS/CAN/ lapsed. Was done 2/11/19. Was due on or before 2/11/20. Was done 3/1/21.

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.(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.

Comment:

41.(b)(8)

CG#3 and CG#4 BBP training expired. CG#3 expired 12/5/2020 CG#4 expired 1/10/21

41.(e)

No CTA approval form for CG#2 and CG#3 in Binder

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

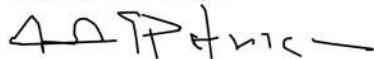
Comment:

54.(c)(2) Service plan for Client #2 and #3 is outdated. Last SP was July 2020. Was due January 2021. No current service plan in Client binders.

54.(c)(5) Medication Administration Record (MAR) is not current for Client #1, #2 and #3. Last documented medication was 3/22/21.



Compliance Manager



Primary Care Giver

3/29/2021

Date

3/29/2021

Date

CTA RN Compliance Manager: Terri Van Houten RN/Julie Hastings

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

PCG's Name on CCFFH Certificate: Mario Patricio

(PLEASE PRINT)

CCFFH Address: 99-634 Hulumanu Street Aiea, Hawaii 96701

(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?
8.a.1	Applied/Processed APS/CAN with Fieldprint to be attached to the [redacted] - will provide copy of Certified Mail once mailed - attached APS/CAN application and E-crime .	03/31/21	Make sure to apply [redacted] every time a [redacted] still appears on the APS/CAN/ Fingerprint/E-crime - A REMINDER POSTED ON THE WALL (WALL CALENDAR)
8.a.2	[redacted] received. Appointment for APS/CAN Fingerprinting on 2/11/2021; result was received 3/1/2021	08/25/21 3/29/21	Home will use a wall calendar for all due dates on and will do the background check a month before the expiration date to prevent future lapses.
41.b.8	CG#3 - BBP (12/4/21) and CG#4 (12/4/21) were both current and on file.	3/29/21	Home will make sure to put all needed documents in binder. REMINDER HAS BEEN PUT FRONT PAGE OF THE BINDER
41.e	There's a [redacted] Approval form for CG#2 and CG#3 and on file	03/29/21	Home to make sure to put all required documentation in the Binder - PUT A REMINDER ON TOP OF THE BINDER
54.c.2	Service Plan for Client#2 and Client#3 was done by Clients CMA.	03/31/21	Home will notify CMA for SP before it lapses and will put on wall calendar on all due dates.
54.c.5	Medication Administration Record (MAR) was corrected by the Caregiver	03/29/21	Going Forward the MAR will be updated every time medication is given to the clients.

All items that were fixed are attached to this CAP

PCG's Signature: *m patricio*

Date: 09/9/21

CTA has reviewed all corrected items