

Foster Family Home - Corrective Action Report

Provider ID: 1-525339

Home Name: Mariza Magana, CNA

94-1069 Hahana St.

Waipahu HI 96797

Review ID: 1-525339-6

Reviewer: [REDACTED]

Begin Date: 9/8/2015

End Date: 10/09/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 9/08/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/08/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) CG#1, and HHM# 1 last state name check does not have a date on it. Need E-crim/ state name check with date.

7.1.(a)(1) HHM#2 fingerprints on 06/30/2015 do not have the results. Need results or another set of fingerprints. CG#2 only one set of fingerprints. Needs two

7.1.(a)(2) CG#2 APS/CAN completed on 02/24/14 needs evidence of completed in 2013 or 2015 to be in compliance of two years in a row.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(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:

13.1.(b)(5) CG#2,3 no confidentiality/ privacy training

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) Client#1 financial information sheet signed, no box checked to say who is responsible for finances

FOSTER FAMILY HOME - CORRECTIVE ACTION REPORT

PROVIDER ID - 1-525339

HOME NAME: MARIZA MAGANA

ADDRESS - 94-1069 HAHANA ST. WAIKAPU, HI 96797

7.1 (a)(1) CG#1

- CRIMINAL HISTORY DONE ON 9/16/15 (HOW 2 FIX)
- PLACE ON CALENDAR 30 DAYS BEFORE DUE (HOW TO PREVENT)

7.1 (a)(1) #HM#1

- CRIMINAL HISTORY DONE ON 9/16/15 (HOW 2 FIX)
- PLACE ON CALENDAR 30 DAYS BEFORE DUE (HOW TO PREVENT)

7.1 (a)(1) #HM#2

- FINGERPRINTS ON 6/30/15 - HAVE GREEN DETERMINATION RESULT (HOW FIX)

- PLACE ON CALENDAR 30 DAYS BEFORE DUE (HOW TO PREVENT)

7.1 (a)(2) CG#2

- SPS, CAN DONE ON 9/17/15 - (HOW FIX)
- PLACE ON CALENDAR 30 DAYS BEFORE DUE (HOW TO PREVENT)

47.(a) client #1 financial information

- Sheet signed, box checked to say who is responsible for finances → mark (sister)
- inform the agency (Blue Water Agency) for the box checked to say who is responsible for finances

10/7/15

10:20 PM

FOSTER FAMILY HOME - COLLECTIVE ACTION PLAN
PROVIDER ID - 1-525339

HOME NAME - MARIZA MACKNA (DELMAR FOSTER CARE HOME)

ADDRESS: 94-1069 HAHANA ST. WAIKAPU, HI 96797

49.9.1. LIABILITY INSURANCE FOR CG #2 + CG #3

- ADD CG #2 + CG #3 TO THE LIABILITY INSURANCE COVERAGE ON THE 5TH OF SEPTEMBER 2015
- ADD CG #2 + CG #3 TO THE LIABILITY INSURANCE RENEWAL

13.1.6.5. REGARDING CONFIDENTIALITY TRAINING FOR CG #2 + CG #3

→ DONE 9/15/15

→ PLACE ON CALENDAR 30 DAYS BEFORE DUE

52.93 - NO RESOURCE LIST

→ GOT RESOURCE BOOK FROM AMERICAN SAVINGS BANK ON 9/15/15 5:30 PM

→ PLACE ON CALENDAR 30 DAYS BEFORE DUE

52.C4 CLIENT #1 NO SPECIFIC EMERGENCY PLAN

→ BLUE WATER AGENCY FAXED ME THE CLIENT #1 EMERGENCY PLAN ON 9/15/15 + PUT IT IN THE CLIENT #1 CHART

→ CHECK CLIENT #1 ^{chart} EMERGENCY PLAN DURING THE ADMITTANCE TO THE HOME.

52.C1 CLIENT #1 - NO DIAGNOSIS ON FACE SHEET

→ BLUE WATER AGENCY FAXED ME THE FRONT SHEET W/ DIAGNOSIS ON 9/15/15

→ CHECK CLIENT #1 CHART → DURING THE ADMITTANCE TO THE HOME