

Foster Family Home - Corrective Action Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

94-857 Kaaholo Street

Waipahu

HI 96797

Review ID: 1-130036-3

Reviewer: [REDACTED]

Begin Date: 7/27/2015

End Date: 10/02/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home recertification visit made on 07/27/2015 with corrective action plan issued with applicable section due on 08/27/2015
See section 6.(d)(1)

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) HHM#1 only one fingerprint on file from 10/09/13. Needs two

7.1.(a)(1) CG#2 one fingerprint on file 03/11//13. Needs two fingerprints. CG#2 last state name check 04/04/15 non-certified, needs to be certified copy.

7.1.(a)(2) HHM#1 APS/CAN due on or before 10/09/14. Last completed 10/09/13.

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) No confidentiality/ privacy training for CG#1,2,3

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Personnel and Staffing

[17-1454-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 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.(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)(4)CG#2 no disclosure form
41.(b)(5)CG#2 no automobile insurance or alternate transportation plan. CG#2 no valid driver's license or I.D
41.(b)(7) CG#2 no 2014 T.B results
41.(c) CG#2 no Annual training hours for 2014.
41.(e) CG#2, and CG#3 no approval form from CTA for current PCG

Foster Family Home

Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1)CG#1,2,3 no liability insurance from 12/31/14 to 07/27/15. No current clients in home


Compliance Manager


Primary Care Giver

7/27/15
Date

7/27/15
Date

Corrective Action Plan 09/25/2015

7.1.a.1 HHM#1, and CG#2 two sets of fingerprints are now in record. Will make sure all HHM's and CG's have 2 sets of fingerprints on file.

7.1.a.2 CG#2 State name check completed on 05/2015. Will place on calendar 30 days before due so will not miss again.

13.1.b.5 CG#1,2 training done. Will have all new CG's sign right away.

41.b.4 CG#2 disclosure form are now in record and was faxed on 8/26 (17:14). Will make sure all CG's disclosure form is on file.

41.b.5 CG#2 driver license are now in record and was faxed on 8/26 (17:14). Will make sure all CG's ID's is on file.

41.b.7 CG#2 T.B Result are now in record and was faxed on 8/26 (17:14). Will make sure all CG's have T.B Result on file.

41.c CG#2 Annual training hours are now in record and was faxed on 8/26 (17:14). Will make sure all CG's Annual training hours documentation is on file.

41.e CG#2 Approval form from CTA are now in record and was faxed on 8/26 (17:14). Will make sure all CG's Approval form from CTA is on file

49.a.1 CG#1,2 No Current client in home.

Corrective Action Plan (Revised) (10/01/15)

7.1.a.2 - HHM #1 and APS/CAN completed late. Will make sure to place on calendar 30 days before due date, so will not miss again.

41.b.5 – CG # 2 will not drive clients. Alternative transportation plan form is on file. Will make sure they're on record.

41.e – CG # 3 removing CG# 2 wasn't on record. Will make sure change notification form is on file.

ROSEBELLA T. BALAN

10/01/15