

Foster Family Home - Corrective Action Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-1

94-339 Waipahu St.

Reviewer:

Waipahu HI 96797

Begin Date: 6/24/2015

End Date: 7/20/15

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

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

Comment:

Home visit for initial certification of 2 bed home on 6/24/15. A corrective action report was issued and items and proof of compliance required by 7/24/15.

6.(d)(1) Refer to appropriate sections of this report.

Requirements met on 7/20/15.

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) Missing e-crim for CG#1, HHM's 1,2,3,4,5 missing Fingerprint

7.1.(a)(2) HHM1,2,3,4,5, missing APS/CAN

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 documentation of training

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5)(C)(iv) Use of an insured vehicle;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(b)(5)(C)(ii) Documentation of adequate auto coverage needed for drivers.

41.(b)(8) Need documentation of CPR, First aid, and BBP for Caregivers 1&2.

41.(f)(1) Missing documentation for TB clearance of CG 1&2's and HHM's 1-5.

Foster Family Home - Corrective Action Report

Foster Family Home **Physical Environment** **[17-1454-48]**

48.(e) The home shall have policies regarding smoking on the property that:

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e) and (e) 2 Smoking policy missing

Foster Family Home **Fiscal Requirements** **[17-1454-49.1]**

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a) No budget available listing income and expenses

Foster Family Home **Client Rights** **[17-1454-50]**

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.(b)(15) Daily visiting hours are not established

Foster Family Home **Records** **[17-1454-52]**

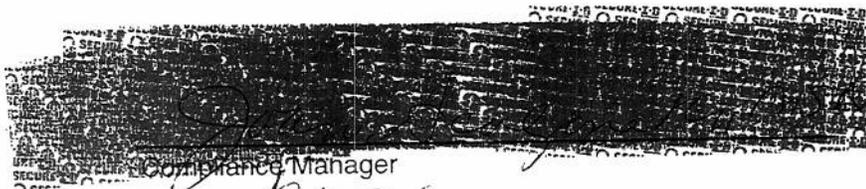
52.(a) Each home shall maintain an administrative notebook including but not limited to

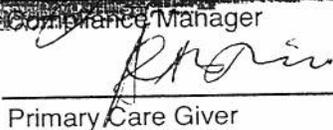
52.(a)(2) Appropriate program policies and procedures; and

52.(a)(3) A list of applicable community resources.

Comment:

52.a.1-3. Policy and procedures, Emergency plan and list of community resources is missing.

 Compliance Manager


Primary Care Giver

6/24/15
Date

6/24/16
Date

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Waipahu, HI 96797

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17-1454-6

(D) (1) The case manager came to the home on June 24, 2015 PCG and SCG was not able to provide copies of certification. Attached is the copy of certificates.
PCG have a Nurse Aide Certification issued by State of Hawaii on 7/16, 2002.
SCG have a Nurse Aide Certification issued on November 6, 2014.

17-1454-7.1

(A) (1) CG#1 & 2 received a certified eCrim record on June 26, 2015.
Household member 1-4 received a certified eCrim record on June 25, 2015.
PCG received a fingerprint on October 17, 2008.
SCG received a fingerprint on March 14, 2006.
Household member 1 received a fingerprint on July 3, 2015.
Household member 2 received a fingerprint on July 13, 2015.
Household member 3 received a fingerprint on July 13, 2015.
Household member 4 received a fingerprint on July 13, 2015.
The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. Attached is a copy of PCG, SCG and all household member.

17-1454-7.1

(A) (2) PCG#1 received a current APS/CAN on March 12, 2015.
SCG#1 received a current APS/CAN on July 1, 2015.
Household member 1-4 received a current APS/CAN on July 1, 2015.
The home will utilize a computer program to track when personnel requirements are due to prevent any requirements from expiring in the future. Attached is a copy of CG#1, SCG#1, and household member #1-4.

17-1454-13.1

(B) (5) PCG have provided training to SCG and all household members on their confidentiality policies and procedures and clients privacy rights on July 10, 2015. Information on training is included in the handbook. Attached is a copy of the signed form.

17-1454-41

(B) (5) The home could not locate a copy of the auto coverage needed for drivers. The home will keep copies of all insurance policies showing continued insurance with proper coverage amounts during the current Certificate period. Attached is a copy of the auto insurance coverage.



17-1454-41

(B) (8) PCG and SCG have a current CPR, First Aid and BBP. Certification card will be renewed before expiration date of April 2016. Attached is a copy of each certification.

17-1454-41

(F) (1) The home received a current 2015 TB clearance for PCG on April 7, 2015. SCG received Chest x-ray on September 16, 2014 and will be renewing before the expiration date. Household member 1-4 received a current TB test. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. Attached is the TB clearance for PCG/SCG and Household member 1-4.

17-1454-48

(E) The home is a smoke free environment. Smoking shall be permitted outside the home. (E) (2) smoking designated area will be in the front garage or back of the house. Attached a copy of home smoking policy.

17-1454-49

(A) The home made a budget of income and expenses for the month of July and will update monthly budget on the upcoming month. Attached is the household monthly income for the month of July and expenses.

17-1454-50

(B)(15) the home have daily visiting hours and provisions. Visiting hours is from 2 pm. Have attached a copy of visiting hours.

17-1454-52

(A)(1) Emergency procedures is kept in the CCFFH folder for reference and will be updated if any changes. Emergency evacuation map is kept and visible the home hallway and will be updated if any changes made. (B)(1) Provider Policies and procedures are kept in the CCFFH folder for reference and will be updated if any changes. (A)(3) A copy of senior information and assistance handbook is kept in the CCFFH folder and will be updated once new handbook is release.

Signature: 

Date: 7-17-15

Anthony Castillo
94-339 Waipahu Street
Waipahu, HI 96797

