

# Foster Family Home - Corrective Action Report

Provider ID: 1-634677

Home Name: Feby Adviento, NA

Review ID: 1-634677-2

1452 Alani Street

Reviewer:

Honolulu HI 96817

Begin Date: 3/13/2015

End Date:

4/13/15

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

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

Comment:

6.(d)(1)  
Review for recertification. Deficiencies listed in separate sections. CAP written with all items due by 4/13/15.

## 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 written proof of confidentiality training.

## Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2)  
SCG s have not conducted fire drills.

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

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

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

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

Comment:

48.(e)  
No smoking policy.

## PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER)

PCG NAME: Feby T. Adviento

DATE: 3/13/15

### DEFICIENCY:

13.1. (b)(5)

No written proof of confidentiality training.

### How did you correct this deficiency?

The secondary Care Givers (SCG) were called and given another copy of the policies, rules and regulations. We discussed the overall operation of this foster home and were required to sign the proof of confidentiality training.

### How will you avoid committing this deficiency in the future?

Implementation of the confidentiality training to every new SCG in the future and will be required to sign the form.

### DEFICIENCY:

48. (e) No smoking policy and 50. (b) (15) No visiting hour policy.

### How did you correct this deficiency?

Re-enforcing both policies by placing signs and reminding visitors of said policies.

### How will you avoid committing this deficiency in the future?

This will be avoided by having signs and reminding visitors and residents.

### DEFICIENCY:

48.1. (a)(1-4) No emergency policy

### How did you correct this deficiency?

By making an emergency preparedness plan and ensuring that everyone is aware of what to do.

### How will you avoid committing this deficiency in the future?

By briefing everyone on what to do and having copies available for review every other month.