

Foster Family Home - Corrective Action Report

Provider ID: 1-120080

Home Name: Florencio Ramiro, CNA

Review ID: 1-120080-5

94-949 Hiapo Street

Reviewer: Sunny Bach

Waipahu

HI 96797

Begin Date: 1/28/2015

End Date:

2/28/15

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 closing date of 2/26/15. PCG must send CAP acknowledgement form, disclosure and application.

Foster Family Home Application [17-1454-7]

7.(b)(1)(A) A signed application form provided by the department;

Comment:

7.(b)(1)(A) A signed application form provided by the department; PCG not at review. Submit application.

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

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)(2) A two year gap between APS/CAN results for CG#1 and CG#2

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) Needs updated confidentiality training form.

Foster Family Home 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

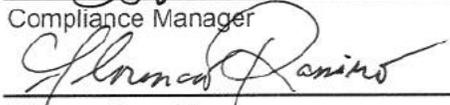
Comment:

41.(b)(4) Need updated disclosure form for CG#1

41.(f)(1) No proof of positive TB test. For CG#1



Compliance Manager



Primary Care Giver



Date 2/26/15

Date 2/18/2015

FEB 24 2015

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Florencio A. Ramiro

DATE: 2/18/15

DEFICIENCY: 7 (b)(1)(a)

A signed application form provided by the Dept. PCG not a review.

How did you correct this deficiency?

Filled up and signed the application form and submitted to CTA.

How will you avoid committing this deficiency in the future?

PCG should be present or at home during the time of review.

DEFICIENCY: 7.1 (a)(2)

A two year gap between APS(CAN) results for ^{CG#1} [REDACTED] and ^{CG#2} [REDACTED]

How did you correct this deficiency?

Secured a new background check w/c are in the providers book upon review.

How will you avoid committing this deficiency in the future?

Always be aware of the expiration dates of a background check in order to secure them on time to avoid gaps.

DEFICIENCY: 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 act.

How did you correct this deficiency?

Secured or downloaded the training form from the CTA website, read and signed by the PCG, substitute and household members and attached to the book.

How will you avoid committing this deficiency in the future?

To always check and update the new forms, training services and newsletters provided by the CTA website.

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Florencio A. Ramiro

DATE: 2/18/15

DEFICIENCY: 41 (b)(4)
Need updated disclosure forms.

How did you correct this deficiency?

A new form of disclosure was filled out, signed, and submitted to CTA.

How will you avoid committing this deficiency in the future?

Always be aware that a new form of disclosure should always be attached to providers book.

DEFICIENCY: 41 (f)(1)
No proof of positive TB Test

How did you correct this deficiency?

Provided proof of positive TB Clearance was secured.

How will you avoid committing this deficiency in the future?

Proof of positive TB clearance should always be attached in the providers book as required by the DOH.

DEFICIENCY:

How did you correct this deficiency?

How will you avoid committing this deficiency in the future?