

Foster Family Home - Corrective Action Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-1

2055 N. King St. # 102

Reviewer:

Honolulu HI 96819

Begin Date: 9/29/2015

End Date: 10/27/15

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

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

Comment:

Home visit on 9/29/15 for initial review of 2 bed new home. A corrective action report was issued at time of review with deficiencies corrected by 10/19/15.

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

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) and 7.1.(a)(2). Fingerprint and APS/CAN results missing for HHM's 1,2, &3.

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 of SCG's and adults in home.

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

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

41.(f)(2) Background checks

Comment:

41.(f)(1) TB clearance documentation needed for HHM 1,2,3.

41.(f)(2) Background checks needed for HHM 1,2,3.

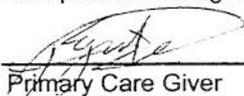
Foster Family Home Records [17-1454-52]

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

Comment:

52.(a)(3) A list or book of community resources needed


Compliance Manager


Primary Care Giver

9/29/15
Date

9/29/15
Date

October 27, 2015

The Statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies there in. The plan of correction constitutes the CCFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by 10/29/2015.

17-1454-7.A1 and 17-1454-7.A2 The home received a current 2015 Fingerprint and APS/CAN results on 10/15/2015. It is on file in the home personnel record. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future.

17-1454-13.1.B5 The home contacted and provided training to all employees on 10/27/2015. The home provide training and document of training of SCG's and adults in home on their confidentiality policies and procedures and client privacy rights. The home will contact and provide training to all employees at least every 3 months, to ensure understanding the confidentiality policies and procedures and client privacy rights.

17-1454-41.F1 The home received a current 2015 TB clearances for all employees and completed on 10/13/2015 It is on file in the home personnel record. The home will utilize a computer program to track when the employees are due to prevent any requirement from expiring in the future. The home will check the file record at least every 1 month.

17-1454-41.F2 The home received a current background checks needed for HHM 1,2,3 on 09/30/2015 and it is file in the home personnel record. The home will conduct and double check on file in the home personnel or employees record to prevent any requirement from expiring in the future.

17-1454-52.A3 The home collected some list or book of community resources needed. The home when to the American saving bank to collect a list or book of Senior Information And Assistance handbook 2015-2017 and give to the employees and employees signed and dated that been receive. The home will maintain a copy for the records.

Signed By:  27 Oct 2015

JOMAR M ESPIRITU

Provider ID: 1-150049

94-392 Kuahui st.

Waipahu Hi. 96797