

Foster Family Home - Corrective Action Report

Provider ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-1

99-017 Kauhale St.

Reviewer:

Aiea HI 96701

Begin Date: 6/26/2015

End Date: 8/12/15

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

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

Comment:

Home visit for a 2 person new home application. Review made on 6/26/15. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/26/15.

6.(d)(1) - see applicable sections of the review

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)(2) CG#2 APS/CAN completed on 12/10/13. APS/CAN must be completed for two years in a row

7.1.(a)(1) CG#2 only one set of fingerprints since 12/10/13

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, and #2

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

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.(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)(5) No alternate transportation plan or automotive insurance for CG#2

41.(e) CG#2 no approval/request form in chart to be added to home from CTA

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Physical Environment

[17-1454-48]

48.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

48.(d)(1) Shower is not able to be accessed safely by non-ambulatory clients.

Foster Family Home

Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) No Liability Insurance for CG#1 or #2

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 sheet in place or bank statement

Compliance Manager



Primary Care Giver

6/26/15
Date

6-26-2015
Date

LODINELA RAMOS

ADULT FOSTER
99-017 Kauhale Street
Aiea, HI 96701
Tel. No.

July 21, 2015

Commuty Ties of America
45-955 kamehamehay., Suite 300
Kaneohe HI 96744

Re: Corrective Action Plan

To whom it may concern,

Corrections have been made.

7.1 (a)(1) CG#2 only one set of fingerprints since 12/10/13.

Corrections: provide a copy of fingerprints 02/12/2013. Finger print is completed. Finger print should be renew before the expiration date. A form created listed all documents to avoid over dues foe each caregiver.

7.1 (a)(2) CG#2 APS/CAN completed 12/10/13. APS/CAN must be completed for two years in a row.

Corrections: provide a copy of fingerprints 02/12/2013, according to CG#2, Field print failed to write APS/ CAN on the results. Make sure that APS/CAN will be renewed before the due date.

13.1. (b)(5) No confidentiality/ privacy training for CG#1 and CG#2.

Corrections: Confidentiality/ privacy training for CG#1 and CG#2 has been rendered and signed. It is mandatory to all CG and HMM to have training about Confidentiality/ Privacy Act. Confidentiality/ privacy training should be provided and required to all future caregiver and household members before adding.

41. (b)(5) No alternate transportation plan or automotive insurance for CG#2

Corrections: Alternate Transportation Plan CG#2 . To make sure that future CG have Alternate Transportation plan

41.(e) CG#2 no approval/request form in chart to added to home from CTA.

Corrections: Make sure all proper documents completed before adding and submitting to your office
Approval/request forms should always be kept in chart at all time

48. (d)(1) Shower is not able to be accessed safely by non-ambulatory clients.

Corrections: Shower has been renovated for ADL standard use. A picture of the shower has been e-mailed 07/21/2015.

49.(a)(1) No Liability Insurance for CG#1 or CG#2.

Corrections: Liability Insurance has been purchased and faxed a copy to your office 07/21/2015. Make sure that it will be renewed before it will expired.

49.1:(a) No Budget sheet in place or bank account statement.

Corrections: Monthly Budget Sheet has been faxed 07/21/2015. Make sure to maintained records all the time.

Sincerely,



LODENILA RAMOS
PCG