

# Foster Family Home - Corrective Action Report

Provider ID: 1-586232

Home Name: Lucrecia Agtarap, CNA

Review ID: 1-586232-2

94-1286 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/12/2015

End Date: 5/26/2015

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

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

Comment:

6 (d)(1) Home visit made on 5/12/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/12/2015.

6 (d)(1) see applicable sections of this review.

## 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)The home did not have records of Confidentiality/ Privacy Rights Training present.

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

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.(e) The home did not have CG #3 Approval form present.

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

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

Comment:

48.(e) The home did not have a Smoking Policy present.

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

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

Comment:

50.(b)(15) The home did not have visiting hours present.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(a)(3) The home did not have the Community Resource book present.

52.(c)(2) Client #1 did not have Service Plan present.

\_\_\_\_\_  
Compliance Manager

LUCRESIA AGTARAP  
Primary Care Giver

5/12/2015  
Date

5/12/2015  
Date

CORRECTIVE ACTION REPORT Issued by CTA.

Lucretia Agtarap.  
94-1286 Huakai St.  
Waipahu HI 96797

MAY 20, 2015

- 13.1.(b)(5) - The home for primary caregiver provide training to all substitute caregiver on May 16, 2015 regarding on their Confidentiality Policies and Procedures and Clients privacy rights. The home will keep a copy of the signature page in all substitute records, and primary caregiver records.
- 41.(e) CG # 3 - Enclosed Substitute Caregiver Approval form. Records will be review by CTA. Please send me a copy of this Approval letter for me to keep in substitute records.
- 48.(e) - The home for primary caregiver provide training to all sub. caregiver on May 16, 2015 regarding smoking policy and will keep a copy of the signature page in all substitute and primary caregiver record.
- 50.(b)(15) - The home for primary caregiver provide training to all substitute caregiver on May 16, 2015 regarding daily visiting hours and provision for privacy established and will keep a copy of Signature page in all substitute and primary caregiver records.
- 52(a)(3) - The home for primary caregiver requested "The Community Resource Book" from American Savings Bank on MAY 15, 2015 and will keep it in client and primary caregiver records.
- 52(c)(2) → Client #1's chart placed Service Plan on the day of your visit on MAY 12, 2015. (Present Service Plan Date: 3/12/2015)

Lucretia Agtarap. - 5/20/2015  
94-1286 Huakai St.  
WAIPAHO HI 96797