

Foster Family Home - Corrective Action Report

Provider ID: 1-110049

Home Name: Rowena Bautista, NA

Review ID: 1-110049-5

94-1309 Henoeka Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/25/2015

End Date: 4/6/15

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 are listed under separate sections. CAP written with all item due by 4/25/15.

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;

Comment:

7.1.(a)(1)
CG 3: Fingerprint for 8/3/12 only.

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 training.

APR 06 2015

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7)
CG 1, CG 2, HHM1, HHM2: NO current TB test.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(1) Be appropriate to the age and condition of the client and provided in a homelike environment;

Comment:

43.(c)(1)
Client living room is being used to store household items. Dining table unable to be utilized as there are boxes stacked underneath.



Compliance Manager

Rowena Bautista
Primary Care Giver

CM

3/27/15
Date

3-31-15
Date

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94-1309 Henokea Street
Waipahu, Hawaii 96797

Foster Family Home Background Check

7.1. (a)(1)
CG 3 Fingerprint have another copy that was done on August 11, 2011, result is on my file binder. In the future I have to make sure that I have all the necessary complete paperwork in accordance to the company policy as well as to all my requirement to have a foster care home.

Foster Family Home Information Confidentiality

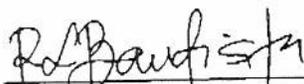
13.1. (b)(5)
Provided my confidentiality training, filed in my binder.

Foster Family Home Personnel and Staffing

41. (b)(7)
CG 1, CG 2, HHM1, HHM2
Provided all Tuberculosis clearances, myself and to my substitute caregiver as well as my household members. Pick up at Lanakila Health Center on April 6, 2015. Filed in my binder.

Foster Family Home Client Care and Services

43. (c) (1)
Provided appropriate living conditions in a homelike environment. I have to make sure that all necessary items only will stay in my clients quarters and free of unnesseray things that is not belong there for them to be freely use of the place. And their family to visit.



Rowena L. Bautista, Primary Care Giver

4/9/2015

Date.

