

Foster Family Home - Corrective Action Report

Provider ID: 1-512633
Home Name: Shirley Gapuz, CNA **Review ID:** 1-512633-5
 91-1178 Kuano'o Street **Reviewer:**
 Ewa Beach HI 96706 **Begin Date:** 7/27/2015 **End Date:** 09/10/15

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

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

Comment:
Home visit for 2 client home on 07/27/2015. Corrective action report issued and due on 08/27/2015. See applicable sections 6.(d)(1)

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) CG#1,3 and HHM#1 APS/CAN completed on 08/06/13 due on or before 08/06/2014

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#1,2,3

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

Comment:
41.(b)(5) CG#2 no current ID or driver's license
41.(b)(7) CG# 3 no 2014 T.B record on file

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

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:
50.(a) no signed copy for client #1 in chart during review of home's visiting hours, and smoking policy

 Compliance Manager
 Shirley A. Gapuz

 Primary Care Giver

7/27/15
 Date
9/9/2015
 Date

Sept. 8, 2015

- 7.1.(a)(2) CG #1,3 and HHM #1 APS/CAN completed note. Will place on calendar so not late again.
- 13.1.(b)(5) trainings for CG #1,2,3 done. Will train all new caregivers right away.
- 41.(b)(5) CG #2 current I.D in record. Will make sure all caregivers have current I.D's by placing on calendar when expire.
- 41.(b)(7) CG #3 2014 T.B in record now. Will keep all T.B's in record until next review
- 50.(a) copies of smoking policy and visitation hours for client #1 in chart. Will make sure all client's have signed copy when they come to my home.

(SHIRLEY GAPUZ)

Shirley Gapuz
PCG