

# Foster Family Home - Corrective Action Report

Provider ID: 4-100004

Home Name: Christopher Ulep, CNA

Review ID: 4-100004-3

360 Hilu Pl.

Reviewer:

Kahului HI 96732

Begin Date: 11/20/2015

End Date: 12/07/15

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

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

Comment:

6.(d)(1) Recertification appointment on 11/20/15. Corrective action report issued during recertification. See applicable sections 6.(d)(1). Corrective action plan due by 12/20/15

## 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:

CG#5 no fingerprints on file. Added to CCFH on 11/02/15 should have one set on file.

## 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.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(e) CG#7 no evidence of training from nurse assistant school. Does have active CNA license.

41.(h) CG#1 did not report removal of SCG#2,3,4,6, and 10 until recertification appointment. CG#1 completed removal of SCG#2,3,4,6, and 10 during review

## Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) No records for fire drills from 5/2014-12/2014 and no proof CG#7, and 8 led fire drill in 2014

## Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47 (a) Client#2 not marked who is responsible for client's account.



*Ch Ulep*  
\_\_\_\_\_  
Primary Care Giver

*11/20/15*  
\_\_\_\_\_  
Date

*11/20/15*  
\_\_\_\_\_  
Date

Roseminic Utep 4-621228

7.1.(a)(b) Caregiver #5, received a copy of fingerprints done on 11-23-15 and placed in record. I will make sure that all my requirements before my inspection will be in my record.

41.(e) Caregiver #7, evidence of training from nurse assistance school, done on 11-20-15 and placed in record. I will make sure to put back all documents back after I make copies, so won't miss place it.

41.(h) Made a report for the removal of SCG #2, #3, #4, #6 and #10 on 11-20-15. Copy was given to CTA. I will make sure to keep all documents in my record and not to throw away any papers.

45.(a) Fire drills from 5-2014 to 12-2014, took out some papers from previous year and forgot to put it back in record. I will make sure not to forget to put back in record.

47.(a) Client #2, Initial done 11-29-15. Financial Agreement was signed, but the Monthly Financial allowance needs an Initial whose handling clients monthly allowance. Any new forms that is sent will update record as soon as possible.

A handwritten signature in cursive script, appearing to read 'Chry'.