

# Foster Family Home - Corrective Action Report

Provider ID: 1-110058

Home Name: Cristina Busbuso, CNA

Review ID: 1-110058-4

1-944 Ikulani Street

Reviewer:

Kaunohouli Beach HI 96706

Begin Date: 7/17/2015

End Date: 9/09/2015

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

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

Comment:

Home visit for a 2 person recertification review made on 7/17/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/17/15.

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

## 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#2 APS/CAN due on or before 06/30/2015 was completed on 07/08/15

## 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#2, and CG#4

## 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) CG#4 did not lead a fire drill in 2014

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

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

Comment:

50.(b)(15) Client#1 does not have a copy in their record of visiting hours and smoking policy

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

§ 2.(c)(2) Client #1 no mention in service plan regarding medical conditions of [REDACTED]

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

*Cristina O. Kambou*  
\_\_\_\_\_  
Primary Care Giver

7/17/15  
Date

7/17/15  
Date

## Foster Family Home - Corrective Action Report

## 1.) Require Certificate ( 17-1454-6 )

Comment:

6.(d) (1) During home visit with a written plan of correction due to CTA by 8/17/15 All statement of deficiencies cited and correction report are completed and with attached copies

## 2.) Background Checks (17-1454-7.1)

(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 was late. And during that time CG has not direct contact with a client. And no giving schedule of work in foster family home. To prevent any requirement from expiring in the future will placed on calendar 30 days before do.

## 3.) Information Confidentiality ( 17-1454-13.1)

(b).(5) Provide training to all employees on their confidentiality policies and procedures and client privacy rights.

Comment:

13.b(5) CG #2 CG#4 was contacted on 7/17/15 Foster Family Home conducted SCG Confidential Training on 7/20/15 & 7/25/15. To prevent any requirement from expiring in the future will placed on calendar 30 days before do.

## 4.) Fire Safety (17-1454-45 )

(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 conducted at least monthly under varied conditions and shall include the testing of the smoke detectors.

Comment:

45.(a) CG #4 Did not lead a fire drill in 2014

CG#4 Already scheduled and lead Fire Drill on 8/3/15 including the testing of smoke detectors. Fire Drill are held monthly. To prevent any requirement from expiring in the future will placed on calendar 30 days before do.

## 5.) Client Rights ( 17-1454-50 )

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

Comment:

50.(b) (15) Client #1 was admitted in family foster home on 5/14/15 Client Guardian sent a copy of the CCFFH Home Admission Policy and Agreement on 7/21/15. To prevent any requirement complete or from expiring in the future. Provide copy on the day of admission in a new client at Foster Family Home. Kept records in FFH binder/ files.

## 6.) Records (17-1454-52 )

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

Comment:

52 (c)(2) Foster Family Home contacted client #1 Case Management Agency on 7/17/15 The case management nurse came to visit regarding the client's service plan on 7/29/15 Client's current individual service plan. And

52.(c)(2) Foster Family Home contacted client #1 Case Management Agency on 7/17/15 The case management nurse came to visit regarding the client's service plan on 7/29/15 Client's current individual service plan. And all caregivers will follow and review of the service plans will be done by Case Management/ RN, & PCG, at least 6 months, with all the caregivers, to ensure understanding of the services to be provided to clients. The service plan reviews will be recorded and kept in the client record. To prevent any requirements from expiring in the future will placed on calendar 30 days before do.

Submitting:

Cristina O. Busbuso - 9/2/2015

Primarycaregiver

91-944 Ikulani Street

Ewa Beach Hawaii 96706