

Foster Family Home - Corrective Action Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-4

1808 Beckley Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/6/2015

End Date:

5/8/15

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

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

Comment:

Home visit for recertification of 3 bed home on 5/6/15. Corrective action report issued at time of visit and items due by 6/6/15.

6.(d)(1) Refer to appropriate sections of this report.

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) APS/CAN present for 2013 and 2015. No record for 2014 and was to be 2 consecutive years for CAN for CG#1,2,3.

3 Person Fire Safety, 3 Person Fire Safety, Natural Disaster [17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No record of fire drill conducted by CG #2.

Primary Care Giver

5/6/15

Date

5-6-15

Date



7.1.(A) (2): I miss interpreted an earlier newsletter and failed to further review newsletters thereafter informing caregivers of new procedure. However, I'm proud to say that there were no issues with APS/CAN. Going forward, I will make sure that I comply with the rules and regulations provided.

45.(3P)(b)(6): My SCG #2 – I'm aware of this fire drill procedure, as I have complied in previous years. Just got caught up with daily work/caregiving and failed to allow [redacted] to conduct a fire drill, as required. For the month of May, [redacted] conducted the fire drill, refer to the attached.