

# Foster Family Home - Corrective Action Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-1

91-1130 Nale St.

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/14/2015

End Date:

11/03/15

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

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

Comment:

Home visit on 10/14/15 for review of new home requesting initial certification for 2 bed, 1 year. Corrective action report issued at time of review. Requirements due by 11/14/15.

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

## 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 training documented.

## 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.

Comment:

41.(b)(5) Alternate transportation plan needed for CG#3

41.(b)(5)(C)(iv) Proof of insurance needed for CG#2 in order to be a driver. (or provide an Alt. Trans. Plan)

## Foster Family Home Physical Environment [17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e)(1) (2) No smoking policy available

## Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) No emergency preparedness plan

# Foster Family Home - Corrective Action Report

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.

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

Comment:

50.(a) Policies of clients' rights are not present.

50.(b)(15) Daily visiting hours are not indicated.

Foster Family Home

Records

[17-1454-52]

52.(a) Each home shall maintain an administrative notebook including but not limited to

52.(a)(1) Emergency procedures and an evacuation map;

52.(a)(2) Appropriate program policies and procedures; and

52.(a)(3) A list of applicable community resources.

Comment:

52.(a) The administrative notebook does not include

52.(a)(1) Emergency procedures and an evacuation map;

52.(a)(2) Appropriate program policies and procedures; and

52.(a)(3) list of community resources.



Compliance Manager

*[Handwritten Signature]*

10/14/15  
Date

10/14/15



November 3, 2015

Fina M. Ramos  
91-1130 Nale Street  
Ewa Beach, HI 96706

PCG Provider# 1-150061

Foster Family Home---Corrective Action Report

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 private rights.

Comment: Documents now on file (copy attached).

41.(b)(5) Alternate transportation plan needed for CG#3.

Comment: Document now on file. (copy attached).

41.(b)(5) Proof of insurance needed for CG#2 in order to be a driver.

Comment: Document now on file. (copy attached).

48.(e), 48.(e)(1) and 48.(e)(2) Policies regarding smoking, designated areas that can be used for purpose of smoking.

Comments: Document now on file (copy attached).

48.1.(a) Internal emergency management policies and procedures for emergency.

Comments: Documents now on file(6 pgs. altogether, copy attached pg.1 and 6 only)

50.(a) Policies and Procedures regarding rights of the client's stay in the home.

Comments: Documents now on file (6 pgs. total)

52.(a)(3) List of Senior Community Resources Book.

Comment: Document/Book now on file.

\*\*\*<3hrs SCG(household help):

Comments : TB test result document on file.

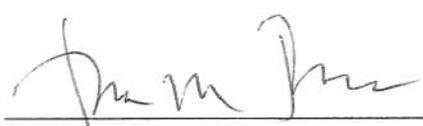
    TB Symptoms screening form

Comments: Form on file.

Miscellaneous:

\*\*\*Reminder checklist for PCG/SCG on file

\*\*\*Provider Policies and Procedures on file (16 pgs total)

Signed:   
Fina M. Ramos, PCG

RECEIVED  
NOV 12 2015

sent certified  
rec'd 11/4/15

BY: @ mail