

Foster Family Home - Corrective Action Report

Provider ID: 1-150067

Home Name: Lene Rose G. Galiza, CNA

Review ID: 1-150067-1

91-850 Kekakia Pl.

Reviewer:

Ewa Beach

HI 96706

Begin Date: 11/20/2015

End Date:

12/17/15

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

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

Comment:

Home visit review On 11/20/15 for initial certification of 2 bed home where there is a transfer of caregivers. A corrective action report was given at time of visit with corrective plan and items due by 12/20/15. Refer to applicable sections for deficiencies. All corrections and contract with Medicaid provider is required before the transfer can take place.

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;

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)(1)& (2) Background clearance present but needs to be added to administrative binder.

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) Documentation of training is absent.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) Caregiver #2 has not submitted application

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2) Documentation of auto insurance for at least 100K Bodily injury and 30K Property Damage or alternate transportation plan missing for CG # 1 and #2.

- 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) (1) & (2) (3) Documents present but need to be added to administrative binder (Emergency plan, Policies and Procedures, Household background documents, Confidentiality training.)



Compliance Manager
F. J. For Lene Rose Gallego

11/20/15
Date

December 13, 2015

The statements written in this letter are to formally inform CCFFH that this home are correcting and providing all needed applications as to remain in compliance with all State regulations and transfer can take place.

17-1454-6 The home is correcting all needed corrections and contracts with Medicaid provider before transfer can take place.

17-1454-7.1 Background clearance are now added to administrative binder. The home will utilize a computer program to track when personnels requirements are due to prevent any requirements from expiring in the future.

17-1454-13.1 Confidentiality policies and procedures and client privacy rights training was provide to all home's employees and other adults in the home. Documentation of training is placed in administrative binder.

17-1454-41 Caregiver #2 has submitted application. Said caregiver #2 will assume caregiving responsibilities in the absence of the primary caregiver.

17-1454-49 Copy of auto insurance for at least 100K Bodily injury and 30K Property Damage or Alternate transportation plan for CG#1 and #2 is now kept in the administrative binder. The home will ensure copies of said documentation will be kept up to date, utilizing a computer program to track when requirements are due to prevent any requirements from expiring in the future.

17-1454-52 The following documents (Emergency plan, Policies and Procedure, Household background documents, and Confidentiality training) are now added to administrative binder.

Signed: LENE ROSE G. GALIZA December 13, 2015



LENE ROSE G. GALIZA

91-850 KEKAKIA PLACE

EWA BEACH, HAWAII 96706