

Foster Family Home - Corrective Action Report

Provider ID: 1-150032

Home Name: Lexter Bonquin, CNA

Review ID: 1-150032-1

1733 Apaki St.

Reviewer:

Honolulu HI 96817

Begin Date: 6/26/2015

End Date: 7/2/15

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

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

Comment:

Home visit for a 2 person home new application made on 6/26/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/26/15.

6.(d)(1) - see applicable sections of the 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:

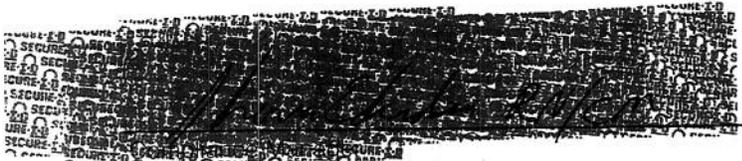
13.1.(b)(1) Confidentiality/ Privacy Training not present for CG#1,2,3,4

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7)CG#2 T.B test showed positive on 01/27/15, also showed negative on 01/27/15. Need clarification from Physician





Primary Care Giver

6/27/15
Date

06/27/15
Date

Lexter Bonquin
July 2, 2015

Citation #:17-1454-6

Comply with all applicable requirements in this chapter; and

Corrective action plan taken:

CG # 1,2,3,4 signed the needed documents and CG#2's TB clearance cleared by Physician.

I will make sure that needed documents are signed and accurately filled out prior to submitting it in the future.

Citation #:17-1454-13.1

Have written policies and procedures that related to confidentiality and privacy rights of applicants and recipients:

Corrective action plan taken:

CG #1,2,3,4 signed the Confidentiality/ Privacy training form.

Will more than double check and make sure that the Confidentiality/ Privacy Training form is sign by all my CGs.

Citation #17-1454-41

Have a current tuberculosis clearance that meets department of health guidelines;

Corrective action plan taken:

Caregiver #2 went to her physician and had the TB clearance clarified by [REDACTED] and made sure that the form was filled correctly.

Make sure that the form corresponds to the result of the TB reading.