

Foster Family Home - Corrective Action Report

Provider ID: 1-140073

Home Name: Melda Buenaventura, LPN

Review ID: 1-140073-1

95-491 Laupalai Pl

Reviewer: [REDACTED]

Mililani HI 96789

Begin Date: 1/12/2015

End Date: 1/30/15

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

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

Comment:

6.(d)(1)see applicable sections of this review

Home visit made for 2 bed initial certification on 1/12/15. Corrective action report issued during visit with items due to CTA by 2/11/15.

CAP cleared on 1/27/15. Eligible for 1 year certificate.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)TB clearance for HHM #2 is not current.

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

48.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

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

Comment:

48.(b)(1)Curtain or screen has not been installed.

48.(e) Smoking policies are not present.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a)Budget or bank balance information is not available at time of visit.

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

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

Comment:

50.(b)(15)Visiting hours are not established.

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Foster Family Home

Records

[17-1454-52]

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

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

Comment:

52.(a)(1) Emergency plan is not available.

52.(a)(2) Policies and procedures are not available.

Joan Scalone RN MSW
Compliance Manager

[Signature]
Primary Care Giver

1/12/15
Date

01/12/15
Date

Melda Buenaventura
95-491 Laupalai PL
Mililani, HI 96789

January 30, 2015

To Joan Scalzone:

As listed on CCFH Corrective Action Report Acknowledgement on 1/12/15, I did the following:

- Emailed picture of room divider 48(b)(1)
- Emailed ~~HTM #2~~ TB clearance 41 (b)(5)(c) II & 41(f)(1)
- Emailed Monthly budget 49.1(a)
- Print Policies & procedure's for CCFH binder 52(a)(2) 2
- Smoking policy & visiting hours in binder 48(e)(2) 50(6)15)
- Privacy & Confidentiality Training in binder 52(a)(1)
- Disclosure form & ATP for SCG in binder
- Emergency plan printed and placed in binder 52(a.1)

This is my first initial home review. My plan is to review the policy & procedure to prevent the deficiency in the future.

Thank you so much for your kind & consideration. I really do appreciate your help.

Sincerely,

Mel Buenaventura