

TO:  
FR: RESURRECCION BUAN 12/17/15

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### Foster Family Home - Corrective Action Report

**Provider ID:** 1-100030  
**Home Name:** Resurreccion Buan, CNA  
 94-900 Kumuaao St.  
 Waipahu HI 96797

**Review ID:** 1-100030-6  
**Reviewer:**  
**Begin Date:** 12/14/2015  
**End Date:** 1/15/16

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

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

Comment:  
Home survey conducted for recertification of two client CCFFH 12/14/2015. Corrective Action Report issued with all items to be resolved by 1/14/2016.

**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)  
CG has only one fingerprinting result in file ( dated 12/21/2010)  
7.1 (a)(2)  
CG and CG ECrim in files dated 12/2013. Were due 12/12/2015.

**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 confidentiality training in file for any caregivers.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:  
41.(b)(5)(C)(ii)  
HHM : No proof of positive TB test results.

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### Foster Family Home - Corrective Action Report

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

48.(b)(3)      Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

48.(c)(1)      The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

Comment:

48.(b)(3)  
CG lives upstairs and there are no monitors in place.

48.(c)(1)  
Smoke alarms could not be activated.

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

48.1.(a)(4)      Natural disasters;

48.1.(d)      The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

48.1.(d)  
Manager was unable to complete physical inspection because two rooms in the upstairs portion of the home are locked.

48.1.(a)(4)  
CG is unaware of where disaster shelter is located.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

12/17/15  
\_\_\_\_\_  
Date

12/17/15  
\_\_\_\_\_  
Date

Resurreccion Buan  
94-900 Kumuao Street  
Waipahu, HI 96797  
January 14, 2016

### Corrective Action Plan

- 7.1.(a)(1) [REDACTED] secured a declaration letter signed by [REDACTED] CTA Compliance Manager, that initial criminal history record was in the home's file as noted in CTA office record. The home will ensure to keep and maintain a copy of criminal history record checks or other records at least two (2) years in a row. See a copy of signed declaration in the home's file.
- 7.1.(a)(2) eCrim was secured on 1/14/16 for CG [REDACTED] and CG [REDACTED]. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. See attached copy of eCrim result for CG [REDACTED] and CG [REDACTED].
- 13.1(b)(5) CG [REDACTED] provided training to all employees and adult household members in the home about the home's confidentiality policies and procedures and clients' privacy rights. All employees and adult household members in the home will be trained and had their signatures on file as proof that they attended such training. See copy of signed form in home's file.
- 41.(b)(5)(C)ii CG [REDACTED] secured proof of positive TB test results for HHM [REDACTED]. The home will ensure to keep and maintain a copy of positive TB test results for all employees and household members. See attached copy for HHM [REDACTED].
- 48.(b)(3) CG [REDACTED] secured a baby monitor and a call bell for each client for timely intervention for nighttime needs or emergencies. The CG [REDACTED] and SCGs will use monitoring devices appropriate for each client in the home for timely intervention during day or nighttime needs or emergencies.
- 48.(c)(1) The CG [REDACTED] learned to activate the smoke alarms in the home. The CG [REDACTED] will train all SCGs to practice preventative maintenance procedures for devices and equipment used in the care of clients in the home on a monthly basis.
- 48.1.(a)(4) CG [REDACTED] learned where disaster shelters are located near the home. CG [REDACTED] will secure a list of emergency shelters and put [REDACTED] in the home's file for reference.
- 48.1.(d) CG [REDACTED] got the keys from the landlord and tenants to unlock rooms when requested. CG [REDACTED] will be cooperative to open all locked doors in the home at any time as requested by CMA.

*Resurreccion B. Buan*  

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*Resurreccion B Buan*