

Foster Family Home - Corrective Action Report

Provider ID: 1-587793

Home Name: Rebecca Dulatre, CNA

Review ID: 1-587793-3

87-586 Manuu Street

Reviewer:

Waianae HI 96792

Begin Date: 7/13/2015

End Date: 8/22/2015

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

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

Comment:

6 (d)(1) Home visit made on 7/13/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/13/2015.

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

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

13.1.(c)(1) Client #2 Consent Form is not present in the Home or in Client #2's chart.

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

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

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

Comment:

41.(b)(7) CG#1, CG#2, CG#3 TB Clearance expired 5/27/2015 and not current TB Clearance present for CG#1, #2, and #3.

41.(f)(1) HHM#1 TB Clearance not present in the Home.

Compliance Manager


Primary Care Giver

7/13/2015
Date

07-13-15
Date

Plan of Correction

Date: 08.10.2015

13.1 (c)(1) The Home has the Consent Form for the Client #2 It is now in [redacted] charts. This will not happen in the future because I review all the policy and the home now have a tracking system.

41. (b)(7) CG# 1, 2, 3 Now has current TB in the home. This will not happen in the future because the home has a tracking system for expiration.

41. (F)(1) HAM#1 Now has current TB in the home. This will not happen again in the future because the home has now a tracking system for expiration.

Date: 08.10.15

Rebecca Dubois

187-586 Manu St.

Wahiawa, Hawaii

916792