

Foster Family Home - Corrective Action Report

Provider ID: 1-150021

Home Name: Teresa Canoy

Review ID: 1-150021-1

87-179 A Kaukamana Rd

Reviewer:

Waianae HI 96792

Begin Date: 6/1/2015

End Date:

7/1/15

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

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

Comment:

Home visit for review of initial certification of 2 bed home on 6/1/15. A corrective action report was issued at time of visit with items due by 7/1/15.

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

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) Fingerprint missing for HHM#1

7.1.(a)(2) APS/CAN missing for HHM#1

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

41.(b)(5)(C)(iv) Use of an insured vehicle;

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

41.(e) SCG change form has not been signed by CG #2 and has not been submitted to CTA.

41.(f)(1) CG #2 is missing current TB clearance

41.(b)(5)(C)(iv) Must show proof of adequate auto insurance for driver

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

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

48.(a)(2) Missing grab bars in shower and by toilet

48.(a)(4) Ramp needed for entrance/exit of home

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Foster Family Home Insurance Requirements

[17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2)Substitute driver needs to show proof of adequate coverage.

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 showing income and expenses per month required.



Fancy
Primary Care Giver

6/1/15
Date

6/1/15
Date

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17.7454.41 The Home is submitting the current 2015 TB clearance for PRIMARY DRIVER. Since clearance will not be available immediately a proof showing that it was Prepared FIELDPRINT REGISTRATION # fo June 22,2014 was submitted

17.1454.9 .1(A) Attached is copy of individual income tax for the year 2014 and The bank latest report on financial status of Home (statement of account)

17.1459.49.1 (B) Listed below is BUDGET showing expenses for a month

- Auto mobile (gasoline)
- Automobile Insurance
- Cable /Phone / internet
- Personal Expenses
- Groceries
- Home repairs
- Mortgage
- Utilities

17.1454.49 (b) (2) A copy of insurance for primary car representing proof of adequate Coverage

17.1454.41 (B) (5) (6) attached a copy driver's license for

17.1454.48 (a) (2) Grab bars in the BATH ROOM , TOILET BED ROOMS Attached are pictures showing grab bars in the shower & bed rooms, portable over toile
48.(a) (4) attached is picture showing RAMP for wheelchair accessibility

COMPLIANCE MANAGER
TERESA CANOY
PRIMARY CAREGIVER

07-01-15