

# Foster Family Home - Corrective Action Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-2

94-1002 Kuakolu Place

Reviewer:

Waipahu HI 96797

Begin Date: 4/21/2015

End Date: 6/12/2015

## 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 4/21/2015 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/21/2015.

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

## Foster Family Home Background Checks [17-1454-7.1]

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)(2) CG [REDACTED] CG [REDACTED] CG [REDACTED] APS/CAN for 2014 was not present during today's review. APS/CAN with fingerprinting were done in 2013 and 2015 for all three caregivers # [REDACTED]

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

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

Comment:

48.(e) During time of review today, home does not have a smoking policy present on the property.

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

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

Comment:

50.(b)(15) During the review today, visiting hours were not present and the home does not have a written visiting hours and provisions for privacy established.

Challenger Name

Primary Care Giver

Date

Date

**Written Plan of Correction**

May 27, 2015

7.1.(a)(2) The home was subject to adult protective service perpetrator checks if the individual has direct contact with a client, and CG# [REDACTED] CG# [REDACTED] CG# [REDACTED] APS/CAN for 2014 was not present during review. APS/CAN with fingerprinting were done in 2013 and 2015 for all three caregivers # [REDACTED]. The home will comply that caregiver # [REDACTED] will be present during all upcoming reviews.

7.1.(a)(2) The home could not locate CG# [REDACTED], complete Disclosure Form present at time of review. The home will keep a copy of the Disclosure Form in all client records.

48.(e) Home does not have a smoking policy present on the property. The home will post and comply that staff and visitors are reminded that this home operates a no smoking policy.

50.(b)(15) The home visiting hours were not present and the home does not have a written visiting hours and provisions for privacy established. The home will post visiting hours.

52.(a)(3) The home did not have a list of applicable community resource present. The home will keep copies of the applicable community resource readily available and kept in client records.

[REDACTED]  
Evelyn Ruiz  
94-1002 Kuakolu Place  
Waipahu, HI 96797