

Foster Family Home - Corrective Action Report

Provider ID: 1-616120

Home Name: Rosario Laroya, CNA

Review ID: 1-616120-3

94-1026 Mahoe Place

Reviewer:

Waipahu HI 96797

Begin Date: 11/18/2015

End Date: 2/17/16

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 11/18/15. Corrective Action Report written with all items to be in compliance by

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)

CG1: First fingerprinting record not in file. Only fingerprint in file is 7/2014.

7.1.(a)(1),(2) There are two apartments connected to this CCFFH and Caregiver [REDACTED] shall decide if they will permanently close off apartments or get background checks and tb tests done for all adults over 18 years of age.

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

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

Comment:

41.(b)(7)

CG1: Results from TB tests of 2012 and 2013 show negative for TB. In 2014, CG [REDACTED] had screening only, and no test.

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

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

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e)

Home has smoking policy which prohibits smoking any where in the home but basis and refuses to smoke outside. CMA [REDACTED] is aware of this.

smokes in the bedroom on a regular

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Foster Family Home

Records

[17-1454-52]

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3)

No list of community resources seen in the home during the review.

Compliance Manager

X _____
Primary Care Giver

12/29/15

Date

01/05/16

Date

From: Rosario Laroya ()

To: ()

Date: Tuesday, January 5, 2016

7.1.(a)(1): PCG [REDACTED] Had second fingerprinting and submitted to CTA.

7.1.(a).(2) The neighbors upstairs had fingerprint, APS/CAN and TB test done all submitted to CTA.

When people move in, they will need to get background checks and TB testing.

7.1.(a)(1),(2) There are two apartments connected to this CCFFH, I decided to closed permanently.

41.(b)(7) Results of testing showing a positive in 2013 TB test are in file and submitted to CTA, will keep results in file in the future.

48.(e) [REDACTED] has agreed to stop smoking in the home, in the future, [REDACTED] know that if [REDACTED] smokes in the home, [REDACTED] will not be allowed to live in my home.

I will adhere to laws regarding smoking in the future.

48.(e)(1) [REDACTED] is allowed to smoke only in front of the garage.

52.(a)3 A list of community resources has been obtained and is placed in the home, I will keep this information in my CCFFH.

11-Dec-2015 07:09 AM 1/1

Rosario Laroya
94-1026 Mahoe Place
Waipahu, Hawaii 96797

December 11, 2015

Attention:

CTA, Inc.

45-955 Kamehameha Hwy.

Suite 300, Kaneohe Hi. 96744

Mam,

This is to inform you that the room in
the living room including the room next to our
bedroom were already enclosed permanently.

Very Sincerely



Rosario Laroya
(P66)

07-Dec-2015 08:07 AM 1/1
Rosario Laroya (PCG)
94-1024 Mahoe Place
Waipahu, Hi. 96797
December 07, 2015

Attention:

CTA, Inc.

45-955 Kamehameha Hwy.
Suite 300, Kaneohe, Hi. 96744

This is to inform you that
is no longer smoking inside room but instead goes
outside to smoke.

Very sincerely,



(PCG)

Signed by: