

Foster Family Home - Corrective Action Report

Provider ID: 1-160035

Home Name: Marlene Casem

Review ID: 1-160035-1

98-1443 Hooihi St.

Reviewer:

Pearl HI 96782

Begin Date: 6/29/2016

End Date:

7/23/16

Foster Family Home - Required Certificate

[17-1454-6]

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

Comment:

Home visit on 6/29/2016 for initial certification review of 2 bed home. A corrective action report was issued at time of review with corrective action plan due by 7/27/16.

6.(d)(1) Refer to appropriate 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) Missing fingerprints for HHM #1 & #2

7.1.(a)(2) missing APS/CAN protective background checks for HHM #1 & 2

Foster Family Home - Personnel and Staffing

[17-1454-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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

Comment:

41.(a)(4) Application for substitute caregiver has not been made.

41.(f)(1) TB clearance for CG #1 and HHM #1 & 2 is absent.

Foster Family Home - Physical Environment

[17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48.(a)(5) No fire extinguisher or fire evacuation map.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

52.(a) Each home shall maintain an administrative notebook including but not limited to

52.(a)(1) Emergency procedures and an evacuation map;

52.(a)(2) Appropriate program policies and procedures; and

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

Comment:

52.(a) No administrative book. Missing the following

(1) emergency plan and evacuation map

(2) Program policies

(3) community resources.

Compliance Manager

Maureen G. Brown

Primary Care Giver

6/29/16
Date

6-29-16

Date

July 23, 2016

plan of correction:

[17-1454-7.1] (a) (1)

the home received a current criminal back ground eCrim for HHM#1 On 6/29/2016 and HHM #2 on 12/08/2015. was faxed and confirmed on 07/19/2016 . it is on file in the personnel record. the home will utilize computer/pop up calendar to track when personnel requirements are due to prevent any requirement from expiring in the future.

[17-1454-7.1] (a) (2)

the home received a current APS, CAN, FINGERPRINTS for HHM #1 & #2 on 7/06/16. was faxed and confirmed on 07/19/2016 it is on file in the personnel record. the home will utilize computer/pop up calendar to track when personnel requirements are due to prevent any requirement from expiring in the future.

[17-1454-41] a) (4)

an application for substitute caregiver was made and it was faxed and confirmed on 7/19/2016 and it is on file in the personnel record.

[17-1454-41 (f) (1)

the home received a current 2016 TB clearance(CHEST XRAY) for CG #1 on 07/08/2016 and HHM #1 on 07/07/2016 and HHM #2 on 01/19/2016. was faxed and confirmed on 07/19/2016. it is on file in the personnel record. the home will utilize computer/pop up calendar to track when personnel requirements are due to prevent any requirement from expiring in the future.

[17-1454-48] (a) (5)

a fire extinguisher and fire evaeuation map was placed at appropriate location.

[17-1454-52]52.(a)

(1)emergency plan and evacuation map was placed at appropriate location on 07/12/2016
(2)Program policies was printed on 06/30/2016 and it is on personnel file
(3)community resources was picked up from AMERICAN SVINGS BANK on 07/02/2016 an it is on file.

thank you,

Marlene Casem 7/23/16

Marlene Casem