

Department of Health
Developmental Disabilities Division
Adult Foster Home Corrective Action Report

No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-16 RECORD: (b)(2)(A) & (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.	(1) Effective immediately the certified caregiver shall always have current contact information for the foster adult's physician, case manager and legal guardian in the event of an emergency. The certified caregiver shall fully and accurately complete the Information Sheet for DOH Foster Adult and forward it to the Certification Unit for verification by 3/12/20.	Completed: 3/6/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(2) Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment. The certified caregiver shall obtain a current physician's order for the identified supplement and submit a copy of the Certification Unit for verification by 3/12/20.	Completed: 3/20/20

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(c) Foster adult records and information from the records are held confidential and made available only to authorized department personnel or those with written consent for release of information.	(3) The certified caregiver shall secure the foster adult's records in a locked location/cabinet by 3/12/20.	Completed: 3/24/20
§11-148-20 <u>MEMBER OF FOSTER FAMILY:</u> (b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department.	(4) Effectively immediately the certified caregiver shall notify and obtain prior approval from the Certification Unit before anyone moves into the Adult Foster Home.	Completed: 2/12/20
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	(5) The certified caregiver shall submit signed consents to obtain State of Hawaii criminal history record clearances for all adult household member by 2/26/20.	Completed: 3/6/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	(6) The certified caregiver shall submit to the Certification Unit signed requests for criminal history record clearances and processing fees for himself and his substitute caregiver by 2/26/20.	Completed: 3/6/20

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	(7) The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for himself, his substitute caregiver and all adult household members by 3/12/20.	Completed: 3/16/20
§11-148-37 HEALTH OF FOSTER FAMILY: (b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.	(8) The certified caregiver shall submit to the Certification Unit a current TB clearance for the identified household member by 3/12/20.	Completed: 3/10/20
§11-148-45 REQUIREMENTS: (7) Food prepared in approved kitchen area with adequate sink facilities.	(9) The certified caregiver shall submit to the Certification Unit, Department of Planning & Permitting (DPP) approved building plans that show the home has been approved for two kitchens (one in the front portion of the home and the other in the rear portion of the home) by 3/12/20. If DPP approved documentation is unable to be obtained, the home shall be converted back to its original DPP approved design.	Completed: 3/24/20

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(13) The premises is kept in a sanitary and safe condition with reasonable protection from fire hazards, drugs, poisons, household supplies and dangerous tools, and weapons.	<p>(10) Effective immediately, the certified caregiver shall properly dispose of all medications as they expire. The identified expired medication shall be properly disposed of by 3/13/20.</p> <p>(11) The certified caregiver shall prepare and post a fire escape plan that includes the location of all fire extinguishers, smoke detectors, exits and meeting place for all household members to view by 3/12/20.</p>	Completed: 2/12/20