

# Foster Family Home - Corrective Action Report

Provider ID: 1-562919

Home Name: Conchita Batoto, CNA

Review ID: 1-562919-4

1050 Wong Lane

Reviewer:

Honolulu HI 96817

Begin Date: 12/30/2015

End Date: 2/9/2016

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

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

Comment:

Home survey conducted [REDACTED] for recertification of two client CCFFH. Corrective Action Report issued with all deficiencies to be corrected [REDACTED]

## 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)

CG: The only fingerprint results in file [REDACTED]

7.1.(a)(2)

CG: No copy of second APS/CAN results in file. [REDACTED]

CG: Only APS/CAN results in file [REDACTED]

CG: Only APS/CAN in file [REDACTED]

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

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.(c)(3)

A door opens up to the staircase leading to upstairs.

## Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a)

No emergency plan in file.

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**Foster Family Home Insurance Requirements [17-1454-49]**

49.(a)(2) Automobile; and

Comment:

49.(a)(2)  
CG [REDACTED] are driving clients but there is no auto insurance in file for them.

**Foster Family Home Records [17-1454-52]**

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

52.(b)(1) Permit effective professional review by the case management agency, and the department; and

52.(c)(3) Current copies of the client's physician's orders;

Comment:

52.(a)(3)  
No list of community resources.

52.(b)(1)  
Records are not in order and CG had to continually search for information.

52.(c)(3)  
Client [REDACTED] There is no record of physician's visit to new physician. CG [REDACTED] could not recall when the visit occurred.

[REDACTED] bid is listed on the MAR [REDACTED] BID was ordered [REDACTED] and signed [REDACTED]

Cannot determine the correct order.



7.1.(a)(1) Caregiver [REDACTED] APS /CAN/FINGERPRINTS [REDACTED] NOW ON FILE

7.1.(a) (2) Caregiver [REDACTED] APS/CAN REPORT [REDACTED] NOW ON FILE

7.1.(a) (2) Caregiver [REDACTED] APS/CAN RESULT [REDACTED] NOW ON FILE

7.1(a)(2) Caregiver [REDACTED] APS/CAN RESULT [REDACTED] NOW ON FILE

*Plan of correction: Caregiver will create a calendar that will show due dates of all required documents.*

*Caregiver will be checking [REDACTED] calendar regularly to [REDACTED] be up to date with [REDACTED] requirements.*

48(c) (3) DOORWAY SEALED PERMANENTLY.

48.1(a) COPY OF EMERGENCY PLAN ON FILE.

52.(b)(3)

*CAREGIVERS FILE IS NOW ORGANIZED. TABLE OF CONTENTS INFRONT. DIVIDERS PLACED WHERE EACH CAREGIVERS REQUIREMENTS ARE FILED INDIVIDUALLY MAKING IT EASIER TO FIND.*



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7.1(a)(1)(a2)

Caregiver [REDACTED] Fingerprint: Results of Fingerprint [REDACTED] are on file.

I also attached copies of both.

Caregiver [REDACTED] Fingerprints [REDACTED] are both on file.

I also attached copies of both.

48.1(a)

Emergency evacuations such as hurricane or flooding is filed in an orderly manner in my caregiver's book.

52.(b)(1)

I have my files organized by using dividers and table of contents in front making it easier to look for

A particular document for each caregiver. I will be reviewing it on a regular basis in order for me to get ahead of all my requirements as a caregiver.

52(3)

I will be faxing all MD orders to my case management on the same day I took my client to PCP and any new orders especially medications will be verified w/ my RNCM.

I hope this will complete all my corrective actions. Please feel free to email me with any further questions or concerns.

