

Foster Family Home - Corrective Action Report

Provider ID: 1-563230

Home Name: Consolacion Lapitan, LPN

Review ID: 1-563230-6

1452 Alani Street

Reviewer:

Honolulu HI 96817

Begin Date: 1/23/2016

End Date: 2/24/16

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

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

Comment:

Home survey for recertification of two client CCFFH [REDACTED] 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) HHM [REDACTED] No second fingerprint in file.

CG [REDACTED] No Ecrims in file.

7.1.(a)(2)

HHM [REDACTED] No current APS/CAN.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5)

No record of training regarding confidentiality.

Foster Family Home - Corrective Action Report

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.(b)(5)(C)(iv) Use of an insured vehicle;
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(a)(4)

No substitute caregiver on this date. CG [redacted] is in process of adding a caregiver.

41.(f)(1)

No proof of positive TB test results for CG [redacted] and HHM [redacted].

41.(h)

CG [redacted] did not remove a substitute caregiver through the CTA office.

Foster Family Home

Insurance Requirements

[17-1454-49]

- 49.(a)(2) Automobile; and

Comment:

49.(a)(2)

No declarations page for current auto insurance.

Foster Family Home

Fiscal Requirements

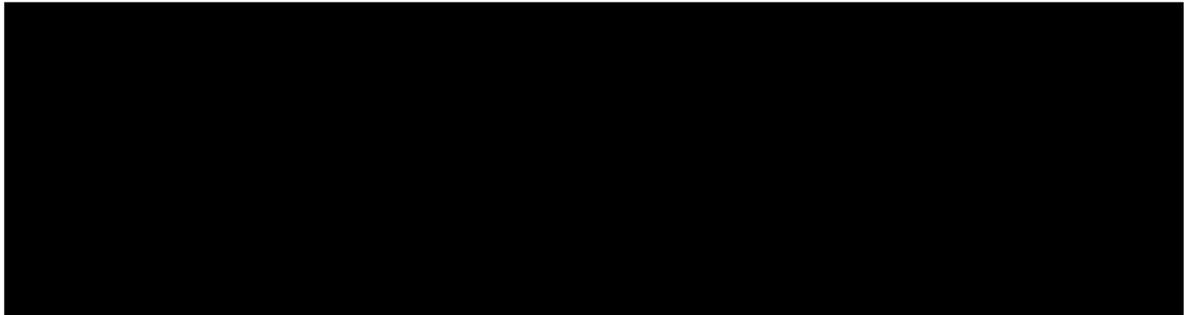
[17-1454-49.1]

- 49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

49.1 a, b and c:

Cg [redacted] has not kept financial records since last review.



CORRECTIVE ACTION REPORT

41.(a)(4) = SUBSTITUTE CAREGIVER CHANGE NOTIFICATION FORM
WAS FAXED TO CTA FOR ADDING A NEW SCG.

PREVENTION: ALWAYS KEEP CURRENT REQUIREMENTS ON FILE.

41.(f)(1) = FAXED TB RESULTS TO CTA

PREVENTION: ON FILE

41.(H) = NOTIFICATION FORM WAS FAXED TO CTA.

PREVENTION: UPDATE CURRENT STATUS OF SCG.

49.(a)(2) = AUTO INSURANCE ON FILE

PREVENTION: UPDATE & KEEP IT ON FILE.

49.1 a, b, & c = BUDGET ON FILE

PREVENTION: DO + MONTHLY BUDGET ON FILE

7.1(a)(1) FINGERPRINT & E-CRIMS OF BOTH SCG & HHM
WAS FAXED TO CTA.

PREVENTION: UPDATE & KEEP IT ON FILE

7.1(a)(2) = APS/CAN OF BOTH SCG & HHM WAS FAXED
TO CTA.

PREVENTION: UPDATE & KEEP IT ON FILE

13.1(b)(5) RECORD ON FILE

PREVENTION: KEEP IT ON FILE