

Foster Family Home - Corrective Action Report

Provider ID: 1-120018
Home Name: Daisy Jovellanos, CNA
 94-1576 Waipahu Street
 Waipahu HI 96797

Review ID: 1-120018-7
 Reviewer:
Begin Date: 2/23/2016
End Date: 3/29/16

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

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

Comment:

Recertification visit [redacted] for a 2 client CCFFH. Corrective action report issued at time of recertification [redacted]
 [redacted] See applicable sections 6.(d)(1)

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 Fingerprint [redacted] not completed yet. [redacted]

7.1.(a)(2) CG APS/CAN [redacted] not completed yet. [redacted]

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) CG [redacted] did not lead fire drill [redacted]

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

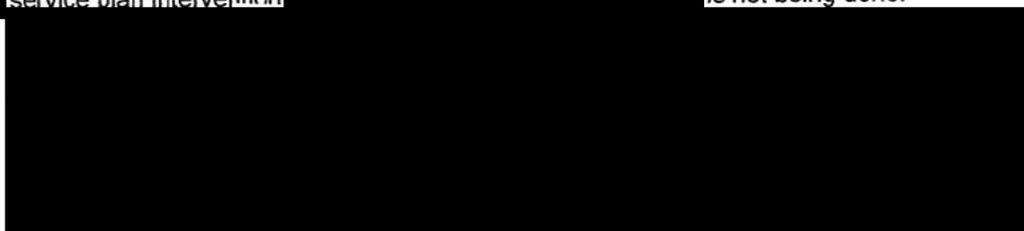
47.(a) CCFFH utilizing client [redacted] personal funds for payments of items that are medical [redacted]

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Client [redacted] service plan intervention [redacted] is not being done.



Corrective Action Plan

7.1.(a)(1) CG [REDACTED] Fingerprinting(along with APS,CAN) was scheduled [REDACTED] but CG did not show up for appointment. I(PCG) am sending in a Substitute Caregiver Change Notification Form to REMOVE CG [REDACTED]. Action Plan: I will make a year's schedule of needed documents with expiration date on a one page paper and post on wall in common area. I will also have notification reminders on my cellphone and email reminders at least 1 month prior to expirations and another reminder 2 weeks prior to expiration for follow up.

7.1.(a)(2) CG [REDACTED] please see above

45.(a) CG [REDACTED] Removing CG [REDACTED] as substitute because did not get fingerprinting, APS & CAN requirements as scheduled and has not been used to substitute since approval. Action Plan: To ensure all approved CG's lead a fire drill within the year schedule each CG a month that they will be assigned to.

47.(a) Client [REDACTED] I did not realize that client's personal funds could not pay [REDACTED]. I reimbursed the funds that were used to purchase those items. Action Plan: Always keep receipts of any purchases with client's personal funds & when in doubt if it is my(PCG) responsibility to purchase- ASK/CLARIFY with CM or CTA.

52.(c)(2) Client [REDACTED] Overlooked service plan [REDACTED]. Action Plan: Always read through service plan especially after CM RN monthly visit. Confirm with visiting CM RN that I(PCG) am following service plan.

