

Foster Family Home - Corrective Action Report

Provider ID: 1-512443
Home Name: Dionisio Aguilar, CNA Review ID: 1-512443-5
4-245 Pupukoa Street Reviewer:
Waipahu HI 96797 Begin Date: 12/15/2015 End Date: 1/15/16

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

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

Comment:

Home visit for a 2 person recertification review [REDACTED]
Corrective Action Report issued during home visit with a written plan of correction due to CTA [REDACTED]

2(d)(1) - see applicable sections of the 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) CG [REDACTED] fingerprint on record [REDACTED] Needs another set of finger prints on record. CG [REDACTED] fingerprint on record [REDACTED] Needs another set of finger prints on record. CG [REDACTED] no fingerprints on record. Needs at least one.

7.1(a)(2) CG [REDACTED] APS/CAN completed [REDACTED] Need proof of APS/CAN [REDACTED] CG [REDACTED] APS/CAN completed [REDACTED] Need proof of APS/CAN [REDACTED] CG [REDACTED] no APS/CAN on record.

Foster Family Home Personnel and Staffing [17-1454-41]

41(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(4) CG [REDACTED] no disclosure form on record.

41(b)(5) CG [REDACTED] no proof of automobile insurance [REDACTED]

41(b)(7) CG [REDACTED] no proof of T.B test or CXR [REDACTED] HHM [REDACTED] PPD [REDACTED] due [REDACTED] to be in

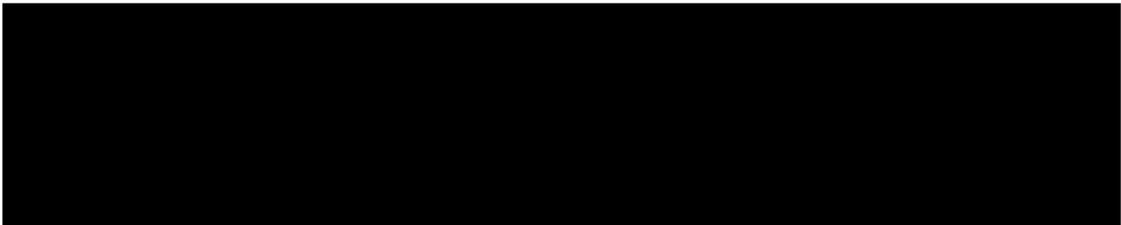
Compliance. No current PPD on record.

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

45(a) The home shall conduct, document, and maintain a record, in the home, of unannounced [REDACTED] different times of the day, evening, and night. [REDACTED] shall be conducted at least monthly under varied conditions and shall include the [REDACTED]

Comment:

45(a) [REDACTED] in record for [REDACTED]. [REDACTED] or [REDACTED] does not specify times or who led them.



②

Subject: Community Care Foster Family Home,
Corrective Action Plan

I'm fully understand that I am decided to remove my third SCG under my Foster Family Home. According to [redacted] was very busy right now and doesnt have the time to get [redacted] new fingerprints.

By signing below, I am accepting responsibility to follow all the Dept. requirements and I will make it sure that all caregivers working on my Community Care Foster Family Home will meet all the yearly training & requirements as listed in Hawaii Administrative Rule guidelines.

[redacted]



Subject: Foster Family Home - Corrective Action Plan



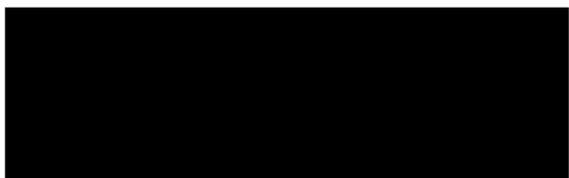
Hello! ... Enclosed is the latest result of CG [redacted] fingerprints. Unfortunately, CG [redacted] was on [redacted] vacation and will come back [redacted].

I will make it sure that CG [redacted] will have a new fingerprints that I need to submit on you. I also re-written the notes & action plan that I need for my corrective action plan.

Mahalo and Thank you very much...

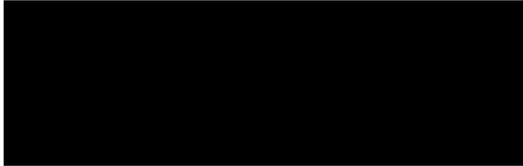
7.1.2.1

I WILL MAKE IT SURE THAT ALL CG'S HAVE 2 SETS OF FINGERPRINTS RECORD and BE AWARE TO CHECK THEIR NAMES THAT NEEDS TO BE COMPLETED EVERY OTHER YEAR. THEIR FINGERPRINTS FILE SHOULD NOT BE REMOVED ALSO FROM THE RECORD. I WILL ALWAYS PUT A REMINDER IN THE [redacted] & [redacted] TO HAVE OUR ATTENTION TOO.



7.1.a.2

I WILL PRIORITIZED and EXPEDITE THAT THE CG'S WILL CONTINUE TO COMPLETE THE APS/CAN EVERY OTHER YEAR. I WILL GOING TO PUT A REMINDER ALSO IN THE and NOTES IN THE CHARTS/CAVENDARS TO MAKE IT SURE IT WILL BE DONE WHEN IT IS DUE.



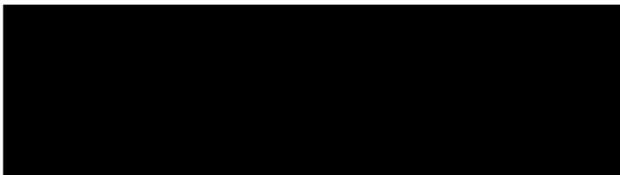
41.6.7

I WILL GOING TO CHECK and PUT A REMINDER NOTE IN MY THAT ALL CG & AHM HAVE 2 SETS OF T.B. TEST RECORD and NEEDS TO GET IT DONE



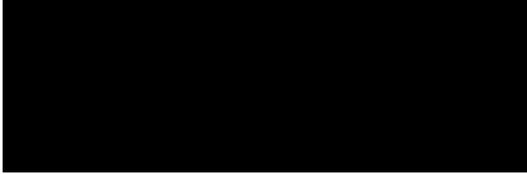
41.6.5

I WILL GOING TO MARK and MAKE SOME NOTES TO THE MAIN THE COVERAGE EVERY 6 MONTHS



45.2

I WILL PERFORM AN ACTION TO PUT A BIG SIGN
IN THE WAY FOR ' EXERCISE
I WILL ALSO ADDRESS THE CG'S FOR LEADING THE
and MAKE IT SURE THAT ALL CG'S
UNDERSTAND THEY NEED TO COMPLETE THE
AT DIFFERENT TIMES and PLACES.



Att:

[REDACTED] CTA (16 PAGES)

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[REDACTED]

① 7.1. (a)(2) CG [REDACTED]
APS/CAN DONE [REDACTED] (ATTACHED)

② 7.1. (a)(2) CG [REDACTED]
APS/CAN DONE [REDACTED] (ATTACHED)

NOTE: I WILL MAKE IT SURE THAT ALL CG'S HAVE 2 SETS
OF APS/CAN & WILL NOT REMOVED FROM RECORD.

③ 7.1. (a)(1) CG [REDACTED], CG [REDACTED]
FINGERPRINTS DONE [REDACTED] (ATTACHED)

④ 7.1 (a) (1) CG [REDACTED]
FINGERPRINTS DONE [REDACTED] (ATTACHED)

NOTE: I WILL MAKE IT SURE THAT ALL CG'S HAVE 2
SETS OF FINGERPRINTS & WILL NOT REMOVED FROM RECORD.

⑤ 4.1. (b) (7) CG [REDACTED], HHM [REDACTED]
T.B. TEST DONE [REDACTED] (ATTACHED)

NOTE: I WILL MAKE SURE & AWARE THAT ALL CG'S
& HHM HAVE 2 SETS OF T.B. TEST RECORD & WILL
NOT REMOVED FROM THE CHART.

⑥ 4.1. (b)(4) CG [REDACTED]

DISCLOSURE FORM DONE [REDACTED] (ATTACHED)

NOTE: I WILL MAKE IT SURE THAT ALL CG'S HAVE 2 SETS OF DISCLOSURE FORM & WILL NOT REMOVED FROM THE RECORD. [REDACTED]

⑦ 4.1. (b)(5) CG [REDACTED]

NOTE: I WILL MAKE IT SURE & BE AWARE THAT ALL CG'S WILL NOT REMOVED FROM THE RECORD. [REDACTED]

⑧ 4.5 (a)

DONE [REDACTED]

(ATTACHED)

NOTE: I WILL MAKE IT SURE THAT [REDACTED] WILL CONDUCTED UNDER VARIED CONDITIONS & THE TESTING ALSO OF [REDACTED]