

# Foster Family Home - Corrective Action Report

Provider ID: 1-160038  
Home Name: Jackielyn Bautista  
91-843 Hanakahi St.  
Ewa Beach HI 96706

Review ID: 1-160038-1  
Reviewer:  
Begin Date: 6/2/2016 End Date: 6/20/2016

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

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

Comment:

6 (d)(1) The NEW Home visit [REDACTED] for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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) Care giver (CG)#2 and household member (HHM) #1 Fingerprinting not present in the home.

7.1(a)(2) CG#2 and HHM #1 Adult Protective Services and Child-Neglect- Abuse (APS/CAN) checks not present in the home.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

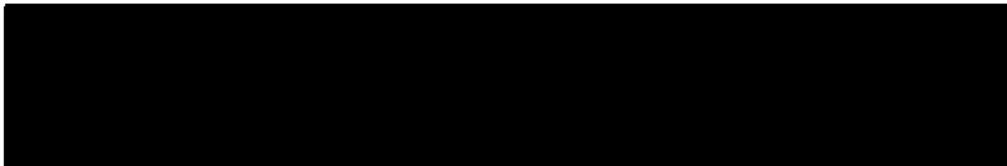
41. (b)(4) CG #2 Disclosure Form not present in the home.

41.(b)(7) CG #2 TB clearance not present in the home.

41.(b)(8) CG #1 and CG #2 Blood Borne Pathogen training certificate not present in the home.

41.(e) CG #2 CTA approval form not present.

41.(f)(1) HHM #1 TB clearance not present in the home.



Written Plan of Correction

7.1(a)(1) Caregiver (CG) # 2 and household member (HHM) #1 Now have the fingerprinting both [REDACTED]. It is on file in the home personnel record. This will not happen in the future because the home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring. [REDACTED]

7.1(a)(2) CG#2 and HHM #1 now have the Adult Protective Services and Child-Neglect-Abuse (APS/CAN) [REDACTED]. It is on file in the home personnel record. This will not happen in the future because the home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring from expiring. Attached is the APS/CAN for CG#2 and HHM#1.

Personal and Staffing

41. (b)(4) CG#2 Disclosure Form now present in the home [REDACTED]. It is on file in the home personnel record and will not be removed unless updated so this will not happen in the future.

41. (b)(7) CG#2 TB clearance now present in the home [REDACTED]. It is on file in the home personnel record. This will not happen in the future because the home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring. [REDACTED]  
[REDACTED]

41. (b)(8) CG#1 and CG#2 Blood borne Pathogen training certificate now present in the home. It is on file in the home personnel record. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. Attached is the Blood borne pathogen for CG#1 and CG#2.

41. (e) CG#2 Approval form is pending because the home submitted **Initial Substitute Caregiver Approval Request Form.** This will not happen again because the home will submit an Initial Substitute Caregiver Approval Request Form before any recertification time so the home will receive the Approval Form and placed in the binder permanently. Attached the Initial Substitute Caregiver Request Form.

41. (f)(1) HHM#1 TB clearance now present in the home dated 06/17/16. It is on file in the home personnel record. This will not happen in the future because the home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring Attached is the TB clearance for HHM#1.

