

Foster Family Home - Corrective Action Report

Provider ID: 1-160010

Home Name: Juvy Casilb

2837 Numana Road

Honolulu

HI 96819

Review ID: 1-160010-1

Reviewer:

Begin Date: 3/11/2016

End Date: 3/29/2016

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) CG#2, HHM#1, HHM#2 fingerprinting results not present in the home.

7.1.(a)(2) CG#2, HHM#1, HHM#2 APS/CAN results not present in the home.

Foster Family Home Personnel and Staffing

[17-1454-41]

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

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

41.(e) CG#2 Approval Form not present in the home.

41.(f)(1) HHM#1 PPD done [REDACTED] and no current TB clearance present in the home. HHM#2 TB clearance not present in the home.

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Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

48.(a)(2) Grab bars for the toilet used by the client is not present.

48.(a)(4) Wheelchair accessibility to the bathroom for client use is 23 inches wide and not appropriate width for wheelchair accessibility.

WRITTEN PLAN OF CORRECTION

7.1.(a)(1) CG#2,HHM#1 and HHM#2 now have fingerprinting results [REDACTED]

7.1.(a)(2) CG#2, HHM#1, HHM#2 now have APS/CAN results dated [REDACTED]

41.(b)(7) CG#2 now has TB clearance for negative Chest X-ray [REDACTED]

41.(f)(1) HHM#1 now has current TB clearance [REDACTED] HHM#2 now has current TB clearance for negative chest x-ray [REDACTED]

41.(e) CG#2 approved form [REDACTED] and kept in Home Binder permanently so this will not happen again in the future.

48.(a)(2) The grab bars are now attached by the toilet permanently. This will not happen again because it will not be removed. [REDACTED]

48.(a)4 Door widened to fit wheelchair appropriately for accessibility. [REDACTED]

Note: The Home will use a calendar to remind the home regarding personnel requirements are due to prevent any requirement from expiring in the future.

