

Foster Family Home - Corrective Action Report

Provider ID: 1-160030

Home Name: Leoven Deloso, NA

Review ID: 1-160030-1

94-270 Kipou St. Unit F

Reviewer:

Waipahu HI 96797

Begin Date: 5/24/2016

End Date:

10/20/16

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

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

Comment:

Home visit [REDACTED] for initial certification review for 2 bed home. A corrective action report was issued and correction action plan due [REDACTED].

6.(d)(1) Refer to appropriate sections of this report.

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) Fingerprint for HHM #1 is absent.

← 7.1.(a)(2) Protective service checks (APS/CAN) missing for HHM#1

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

41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

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

41.(f)(2) Background checks

Comment:

← 41.(b)(5)(A) Insurance documents missing for caregiver #1.

← 41.(f)(1) TB clearance missing for HHM#1

← 41.(f)(2) APS/CAN and fingerprint missing for HHM#1

[REDACTED]

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

17-1454-7.1.a.1 The home completed the fingerprint documentation for HHM#1 [REDACTED]. It is on file in the home personnel record. The home will devise and maintain an updated list of the necessary documents/requirements to prevent missing documents in the future. Attached is the fingerprint document for HHM#1.

17-1454-7.1.a.2 The home completed protective service checks (APS/CAN) for HHM#1 [REDACTED]. It is on file in the home personnel record. The home will devise and maintain an updated list of the necessary documents requirements to prevent missing documents in the future. Attached is the protective service checks for HHM#1.

17-1454-41.b.5.A Instead of purchasing an insurance plan, an alternative transportation plan will be submitted. [REDACTED]

17-1454-41.f.1 The home received a current [REDACTED] TB clearance for HHM#1 [REDACTED]. It is on file in the home personnel record. The home will devise and maintain an updated list of the necessary requirements to prevent missing documents in the future. [REDACTED]

17-1454-41.f.2 The home completed the background check and fingerprint for HHM#1 [REDACTED]. It is currently on file in the home personnel record. The home will devise and maintain an updated list of the necessary requirements.

to prevent missing documents in the future: [REDACTED]

[REDACTED]

[REDACTED]