

# Foster Family Home - Corrective Action Report

Provider ID: 1-150021

Home Name: Teresa Canoy

87-179 A Kaukamana Rd

Waianae HI 96792

Review ID: 1-150021-2

Reviewer:

Begin Date: 4/12/2016

End Date: 6/15/16

## 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 2 client CCFFH. Corrective action report issued during review and due to CTA [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;

Comment:

7.1.(a)(1)CG#3 approved by CTA [REDACTED] has no proof of fingerprints on record.

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

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

Comment:

41.(b)(7) CG#2 using sign and symptom checker for T.B test with no proof of positive PPD on record. In order to use this form proof of positive PPD test needed.

## Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) Client #1 is a private pay client. No proof of contract in record and face sheet shows private pay. No other clients in home. In order to have a private pay client the CCFFH must have a Medicaid client first.

## Foster Family Home Grievance [17-1454-44.1]

44.1.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

44.1.(3) No proof of signed policies and procedures reviewed with client or client's representative.

### Foster Family Home - Corrective Action Report

Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

Comment:

46.(d)(1) Client #1 service plan shows use No physician order on record.

\_\_\_\_\_  
Compliance Manager  
*Canoy*  
\_\_\_\_\_  
Primary Care Giver

*4/12/16*  
\_\_\_\_\_  
Date  
*05-10-2016*  
\_\_\_\_\_  
Date

17-1454-7.1 Foster Care have filed fingerprint result for CG#3 [REDACTED] I will re-organize personal records, to make easy to review. Will make CG's fingerprint list to be monitor for close due, so as not to be late

17-1454-41.b.7 Foster Care have TB clearance for CG#2 received proof of positive PPB from Dr. and filed in record. Will make list CG's TB result so I can monitor on monthly basis, making sure to update. Foster Care Tb clearance for household #1 received proof of positive PPB from Dr. filed in personal record I will make list of HH#1 to check on monthly basis to ensure an updated records.

17-1454-44.1 Copy of transfer and discharge is on file in home record, was submitted [REDACTED] I will re-organized home chart to make it easy to review. I will assure that all form that required will be in my clinical chart within 5 days of admission for my Foster Home.

17-1454-1.2 Copy of Certification of Home Placement, admission, discharge, change of address filed in chart. I will re-organize home chart to make it easy to review. I will assure that all necessary paper works that required will be in my client chart within 5 of my admission to my Foster Home.

17-1454-46.d.1 [REDACTED] In hospital bed, this order is applicable to client #1. I will re-organize the chart to make it easy to review.

17-1454-43.b Foster Home care have copy of Contract for Services [REDACTED] This is between the Agency and client #1. Fee schedule is room and board only [REDACTED] I will assure that all necessary documents and signature will be in place within 5 days of admission to the Foster Home.

I will assure that all documents will be in my folder at all times.

Foster Care Home  
*Teresa Canoy*  
Teresa Canoy.