

Foster Family Home - Corrective Action Report

Provider ID: 1-558984

Home Name: Tomasa Tapat, CNA

Review ID: 1-558984-3

1704 Kino Street

Reviewer:

Honolulu HI 96819

Begin Date: 12/29/2015

End Date: 1/26/16

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

6.(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 all items due to CTA [REDACTED]

6.(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),(2) - HHM #1 needs a current APS/CAN and fingerprints.

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

Comment:

41.(b)(4) - No disclosure form present for CG #3.

41.(f)(1) - TB clearance for HHM #1 was expired [REDACTED]

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan not signed by CG #2 and CG #3.

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Fiscal Requirements

[17-1454-49.1]

49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

49.1.(c) - Budget income and expenses not totaled [REDACTED]

Foster Family Home

Records

[17-1454-52]

52.(c)(5) Medication schedule checklist:

Comment:

52.(c)(5) - [REDACTED]

Compliance Manager

Tommy Tapel

Primary Care Giver

12/29/15
Date

12/29/15
Date

1-26-16

Corrective Action Report:

- 7.1.Ca)(1)(a) Sent CTA a current APS/can and fingerprint for HHM #1 [REDACTED].
- 4.1.Cb)(4) } Sent CTA a current disclosure
4.1.Cf)(1) } form for CG #3. Sent a signed
4.8.1.Ca) } EPP with all SCG's signatures.
Haved reviewed HAR rules and
expiration dates for all items
on the table of contents.
- 4.9.1(c) Sent CTA budget for 2015 with
Income and expenses totaled.
- 52.Cc)(5) Sent CTA a reviewed MAR for
client # 2 [REDACTED].

Tomasz Tapat 1-26-16