

# Foster Family Home - Corrective Action Report

Provider ID: 1-160039

Home Name: Vi Balantac

94-1035 Lumiaina St.

Waipahu

HI 96797

Review ID: 1-160039-1

Reviewer:

Begin Date: 6/14/2016

End Date:

7/17/16

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

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

Comment:

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) Documentation of training is missing.

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) An approved substitute caregiver has not been designated.

## Foster Family Home Physical Environment [17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48.(a)(5) Fire extinguisher is absent.

## Foster Family Home Records [17-1454-52]

52.(a)(1) Emergency procedures and an evacuation map;

Comment:

52.(a)(1) Emergency plan and fire evacuation map is absent.

52.(a)(2) Policies and Procedures missing.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

June 14 2016

## Foster Family Home- Corrective Action Plan

Provider ID: 1-160039

17-1454-13.1. (b)(5) Substitute(SCG) and adult household member(HHM) training document printed. Discussed/trained household member and substitute about confidentiality policies, procedures and client privacy rights. HHM and SCG signed document and it is on file in the home's record. The home will train any new HHM and/or SCG and update this document.

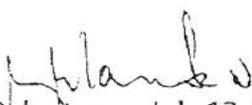
17-1454-41. (a)(4) The home is designating an already CTA approved substitute. The following is being submitted along with this plan: Copy of SCG's picture I.D., NA training certificate, APS CAN and fingerprinting clearance, Disclosure form, TB clearance, CPR & First Aid training, Blood borne Pathogens/Infection Control training, CTA approval form, Copy of Change Notification form. The SCG has signed the confidentiality training document. The home will make sure all requirements are met/submitted before SCG is used in the home. Copy of all documents will be kept up to date and filed in home's record.

17-1454-48. (a)(5) A picture of the fire extinguisher and its location, and purchase receipt were emailed to CTA [REDACTED]. Home will make sure fire extinguisher is "full" and not "expired".

17-1454-52. (a)(1) Home is using the sample policies provided by CTA for the Emergency Preparedness Plan. Printed the 6-page document and filled out the nearest Medical Support Center line, location of home's fuse box/circuit breaker, and locations of home's water turn off valve. CG's trained on home's emergency management procedures and signed document. Home will train new SCG and review with current SCG of procedures. Document filed and kept in home's record.

Submitting along with this action plan a fire evacuation map. Home will post a copy in a visible location for all occupants to follow.

17-1454-52. (a)(2) Home is using the sample policies provided by CTA for its Policies and Procedures. The 16-page document has been printed and filed in home's record. Home to follow procedures and update and changes. PCG to train and inform HHM and SCG of any changes to procedures and policies.

  
Vi Balantac July 13, 2016  
94-1035 Lumiaina Street  
Waipahu, HI 96797