

# Foster Family Home - Corrective Action Report

Provider ID: 1-510653

Home Name: Virginia Montano, CNA

Review ID: 1-510653-4

91-1063 Kauiki Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/8/2016

End Date: 2/11/16

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

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

Comment:

Home survey conducted for recertification of two client CCFH [REDACTED]. Corrective Action Report issued with deficiencies to be corrected [REDACTED].

## 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)  
CG2: Only one fingerprint is in file [REDACTED]. No second fingerprinting in file.

7.1.(a)(2)  
CG1: APS/CAN in file [REDACTED]. No second APS/CAN in file. [REDACTED]

## 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)  
No confidentiality training paperwork in file.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)  
CG2: NO proof of positive TB test in file.

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Foster Family Home

Records

[17-1454-52]

52.(c)(3) Current copies of the client's physician's orders;

Comment:

52.(c)(3)

Client 1:

Physician order states medication that is time released. MAR and medication being given is not time released.

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

*[Handwritten Signature]*

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

2/8/2016  
Date

2/8/16  
Date

Dargisa Mentana  
91-106-3 Kaula St  
Ewa Beach Hawaii 96706  
3-01-2016

7.1(a)(2) Got APS/CAN [redacted] → on in file to  
avoid happen it again needs to have calendar to  
check when requirements are due. (me./copy)

7.1(a)(1)

Substitute caregiver [redacted] get [redacted] finger  
print <sup>not taken</sup> in file [redacted] We need to check when all  
requirements are due, <sup>NOTE</sup> result not in my email yet.

13.1(b)(5). Needs to train caregiver on their confi-  
dentiality policies and procedures and client  
privacy rights when get new caregiver I  
will train them

41 (b)(5)(C)(ii) I and my substitute  
have proof positive TB test in file when get  
new cg will get proof of TB test.

02.(c)(3) Current copies of the client's physician's orders,

Comment:

52.(c)(3)

Client 1:

Physician order states medication that is time released. MAR and medication being given is not time released.

means the medication is - , therefore  
the medication is "time released". The medication being  
dispensed is the same as what doctor has prescribed.

Dargisa Mentana

