

Foster Family Home - Corrective Action Report

Provider ID: 4-150062

Home Name: Melanie Salgado, CNA

Review ID: 4-150062-1

301-B Lakau Pl.

Reviewer:

Kihei HI 96753

Begin Date: 10/27/2015

End Date:

11/3/15

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

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

Comment:

In home survey for new home review [REDACTED] Corrective Action Report issued with all items due to CTA [REDACTED]
All requirements met [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 : Fingerprint was done [REDACTED]. A second was due [REDACTED]

7.1.(a)(2)

CG 2: APS/CAN was performed [REDACTED]. A second one was due [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)

Form for confidentiality training is present but not signed by HHM and CG.

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

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

Comment:

41.(f)(1)

CG 2 [REDACTED] Another was due [REDACTED]

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Insurance Requirements

[17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2)

Auto insurance does not meet the requirements of \$100,000 BI/ \$30, 000 PD.

[REDACTED]

[REDACTED]

To whom it may concern,

[REDACTED] I just had a home survey [REDACTED] and received my corrective action report,

7.1(a)(1) CG#2 has performed her fingerprint in two consecutive years [REDACTED] nevertheless I will put a reminder on my calendar to avoid any deficiency.

7.1(a)(2) CG#2 has performed her APS CAN [REDACTED] and the second one [REDACTED] I will make sure to put a reminder on my calendar to avoid any deficiency in the future.

13.1.(b)(5) Training provided and has been signed by HHM & CG. I will make sure and double check in the future that all documents are all signed to avoid deficiency.

41.(f)(1) CG#2 Tuberculosis clearance that meet department of health & guidelines, action taken on [REDACTED] I will make sure to put reminder on my calendar before due date to avoid deficiency in the future.

49.(a)(2) Auto insurance does not meet the requirements of \$100,000 body injury, \$30,000 property damages. Action taken [REDACTED] I called the automobile insurance company to correct the problem [REDACTED] I will make sure to double check every detail in the future to avoid any mistakes.

[REDACTED]