

Foster Family Home - Corrective Action Report

Provider ID: 1-140073

Home Name: Melda Buenaventura, LPN

Review ID: 1-140073-2

95-491 Laupalai Pl

Reviewer:

Mililani HI 96789

Begin Date: 10/21/2015

End Date: 1/15/2016

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

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

Comment:

6 (d)(1) Home visit made on 10/21/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/21/2015.

6 (d)(1) see applicable sections of this 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) CG#2 does not have fingerprinting and State name check documents present in the home.

7.1.(a)(2) CG#2 does not have APS/CAN document present in the home.

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) CG#1 and CG#2 confidentiality privacy rights training not completed in the home.

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

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

- 41.(b)(5) CG#2 does not have Alternate Plan of Transportation document present.
- 41.(b)(7) CG#1 TB Clearance expired on 10/10/2015 and no current TB clearance present in the home record.
- 41.(b)(8) CG#1 BBP expired on 10/12/2015 and no current BBP document present in the home. CG#2 does not have any document for CPR, First Aid, and BBP in the home record.
- 41.(c) CG#1 and CG#2 do not have any document of annual training or in-services present in the home.

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

- 48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

- 48.(a)(2) The home toilet did not have a grab bar for client to use.

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) The home does not have any emergency preparedness plan present.

Foster Family Home Fiscal Requirements [17-1454-49.1]

- 49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

- 49.1.(a) The home does not have a CCFH budget completed or present in the home.

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Records

[17-1454-52]

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

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(1) The home does not have an evacuation map present.

52.(a)(3) The home does not have a list of applicable community resources.

Voluntarily closed after survey
closing date: 1-26-2016 sr

Compliance Manager

Primary Care Giver

10/21/2015

Date

10/21/15

Date