

Foster Family Home - Corrective Action Report

Provider ID: 1-160059

Home Name: Maria Casaje

Review ID: 1-160059-1

94-615 Koliانا Place

Reviewer:

Waipahu

HI 96797

Begin Date: 9/2/2016

End Date: 10/14/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit on 9/2/16 for initial certification review of 2 bed home.
A corrective action report was issued at time of review with compliance required by 10/2/16.
6.(d)(1) See appropriate 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) Missing Fingerprint of CG#2 who is also
7.1.(a)(2) Missing APS/CAN clearance report of CG#2 who is also HHM.

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 absent.

Foster Family Home Physical Environment

[17-1454-48]

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

48.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

48.(a)(2) Grab bars have not been installed
48.(b)(1) There is no curtain or screen for shared room privacy.

Foster Family Home Records

[17-1454-52]

52.(a)(2) Appropriate program policies and procedures; and

Comment:

52.(a)(2) Policies and procedures are absent

Compliance Manager

M. Casaje
Primary Care Giver

Date

9/2/16

Date

PLAN OF CORRECTION

7.1.(a)(1) Missing fingerprint of CG#2 who is also HHM.

The home received the ECRIM for CG#2. A copy will be sent to CTA by mail on September 12, 2016 and another copy is already kept on the home's file.

** Will track in computer to prevent lapse.*

7.1.(a)(2) Missing APS/CAN Clearance Report

CG#2 has done the APS/CAN Clearance. A copy will be sent to CTA by Monday, September 12, 2016 and another copy is already on the personnel's file.

** Will track in computer to prevent lapse*

13.1.(b) (5) Documentation of training has been signed by PCG & SCG as of September 9, 2016 and is already on the home's file. *New SCG's will be trained as they are approved*

48. (a) (2) & 48 (b) (1) - Grab bars are already installed in the bathroom and curtains for shared room privacy have also been installed on September 8, 2016. Photos are sent to Compliance Manager, ~~Leah Scudone~~ RN through email on September 10, 2016.

Bars will be maintained and curtains maintained.

52.(a)(2) Policies and procedures are already on the home's file by September 4, 2016.

They will be updated as necessary

M. Casaje
Signed: Maria Shirley Casaje / 9/10/2016

Maria Shirley Casaje
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