

Foster Family Home - Corrective Action Report

Provider ID: 2-160009

Home Name: Florabel Dalmacio

Review ID: 2-160009-1

15-1987 32nd Ave

Reviewer:

Keauu

HI 96749

Begin Date: 3/2/2016

End Date: 3/29/16

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

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

Comment:

Survey performed to certify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 4/2/16.

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

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

No smoking policy in binder.

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

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

No budget in binder.

Foster Family Home Client Rights [17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

No visiting hours posted or in binder.

Foster Family Home Records [17-1454-52]

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

Comment:

No list of community resources in binder.

Compliance Manager

F.M. DALMACIO

Primary Care Giver

3-2-16

Date

3-2-16

Date

DALMACIO Adult Foster Home

Response to Corrective Action Report

- 6 (d) (1). I now have a Smoking Policy and posted on the wall. I will make sure I have a copy in my binder and put one on the wall.
- 49. 1 (b) I now have a budget in my binder. I keep it in my binder and update every month.
- 50 (b) (15). I now have a Visiting Hours policy posted.
- 52 (a) (3). I now have a list of community resources.

I did not know about these policies but now I make sure all these are in my binder.

FLORABEL M. DALMACIO
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March 29, 2016