

Foster Family Home - Corrective Action Report

Provider ID: 1-160082

Home Name: May Bernal, NA

503 Kulia St.

Wahiawa HI 96786

Review ID: 1-160082-1

Reviewer:

Begin Date: 11/23/2016

End Date:

12/20/16

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 11/23/16 for a new home application. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 12/23/16.

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;

Comment:

7.1.a.1 No fingerprinting results present for CG#3

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

41.(f)(2) Background checks

Comment:

41.b.5 No auto insurance coverage present for CG#2 and CG#3

41.e No CTA caregiver approval form present for CG#3

41.f.1-2 No TB clearance, Fingerprint/APS/CAN background checks present for HHM#1

Foster Family Home - Corrective Action Report

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.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 48.a.2 No grab bars present inside the shower/bathtub area on inside wall(s)
- 48.a.4 No wheelchair ramp present at front door. There is a small step up into home
- 48.c.3 Inadequate dim lighting present in both client bedrooms

Compliance Manager

May B. Bernal
Primary Care Giver

Date

11/23/2016
Date

May Bernal Foster Family Home
503 Kulla Street Wahlawā Hawaii 96786

45-955 Kamehameha High Way
Sulte 300 Kaneohe, HI 96744

Dear Madam,

Attached are the Corrective Action Report based on the home visit made on 11/23/16.

7.1.a.1 No fingerprinting results present for CG#3.

7.1.a.1 Fingerprinting results for CG#3 was completed on 3/9/2016. She have a green light determination, a copy was obtained and placed on my files on 11/24/2016. Caregiver will make sure fingerprinting results for CG#3 will be updated and will be on home files.

41.b.5 No auto insurance coverage present for CG#2 and CG#3.

41.b.5 Auto insurance coverage for CG#2 and CG#3 was obtained and filed on home files on 11/27/2016. Effective auto insurance coverage started 11/20/2016. Caregiver will make sure auto insurance policies will be in home binder.

41.e. No CTA caregiver approval form present for CG#3.

41.e. A copy of CTA substitute caregiver approved form for CG#3 was obtained and filed on caregiver's binder on 11/24/2016. To avoid missing files, caregiver will make sure copy will be intact on caregiver's binder for future reviews.

41.f.1-2 No TB clearance, Fingerprinting/APS/CAN background checks present for HHM#1.

41.f.1-2 TB clearance for HHM#1 is done 11/28/16, result reading was negative on 12/1/16, Fingerprinting/APS/CAN background checks are done on 11/29/2016. He had a green light determination and copy was filed on binder on 12/6/2016 .Caregiver will make sure files will be intact on home binder.

48.a.2 No grab bars present inside the shower/bathtub area on inside wall(s).

48.a.2 Grab bars present inside the shower bathtub area on inside wall, installed 11/28/16. Caregiver will make sure grab bars will be available for client at all times.

48.a.4 No wheelchair ramp present at front door. There is a small step up into home.

48.a.4 Wheelchair ramp is provided at front door completed 12/30/16. Caregiver's home will have accessible wheelchair ramp available for client at all times.

48.c.3 Inadequate dim lighting present in both client bedrooms.

48.c.3 Adequate lighting in both client bedrooms is provided 12/3/16. Caregiver will make sure both client bedrooms will have adequate lights.

Sincerely Yours,



May B Bernal, PCG

12/14/2016