

# Foster Family Home - Corrective Action Report

Provider ID: 1-512477

Home Name: Ofelia Albano, CNA

Review ID: 1-512477-3

94-1089 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/23/2016

End Date: 8/5/16

## Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 6/23/16. Corrective Action Report issued during home visit with all items due to CTA by 7/23/16.

6.(d)(1) - see applicable sections of the 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) - No record of fingerprints for CG #5.

7.1.(a)(2) - No current APS/CAN for CG #1, CG #2, and CG #3.

## Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(4) - No disclosure form for CG #5.

41.(b)(7) - No current TB clearance for CG #5.

## Foster Family Home Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations for CG #5 on client #1 and client #2

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Foster Family Home Records

[17-1454-52]

52.(c)(5) Medication schedule checklist:

Comment:

52.(c)(5) - New medication order not placed on MAR for client #1.

\_\_\_\_\_  
Compliance Manager

*Delia M. Albano*  
\_\_\_\_\_  
Primary Care Giver

*6/23/16*  
\_\_\_\_\_  
Date

*6-23-16*  
\_\_\_\_\_  
Date

- 7.1(a)(1) - I sent CTA proof of fingerprints for CG # 5 on 7/5/16
- 7.1(a)(2) - I sent CTA current APS/CAN for CG # 1, CG # 2, CG # 3 on 7/5/16
- 41.(b)(4) - I sent CTA current disclosure form for CG # 5 on 7/5/16
- 41.(b)(7) - I sent CTA a current TB clearance for CG # 5 on 7/5/16
- 43.(c)(3) - I sent CTA proof of RN delegation for CG # 5 on 7/5/16
- 52.(c)(51) - I sent CTA a current MAR (medical admin. record) for client #1 showing that the new medication was placed on the MAR by the case Management Agency on 7/5/16

Ofelia Jn. Albano  
Date - 7/5/16