

Foster Family Home - Corrective Action Report

Provider ID: 4-170045

Home Name: Beverly DeGuzman

Review ID: 4-170045-1

503 Waikala Street

Reviewer: Sue Lo

Kahului HI 96732

Begin Date: 7/29/2017

End Date: 8/1/2017

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

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

Comment:

6 (d)(1) The NEW Home visit made on 7/29/2017 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 8/12/2017.

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) Second fingerprinting not present in the home for CG#2.

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) checks not present in the home for CG#2.

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

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

Comment:

41.(b)(7) Last TB clearance done on 6/19/2014 and no current TB clearance for CG#1.

SLo
Compliance Manager

Adelman
Primary Care Giver

7/29/2017
Date

7/29/17
Date

WRITTEN PLAN OF CORRECTION

8-4-2017

7.1(a)(1) CG#2 completed it 2ND FINGER PRINTING ON 8/4/17. AND KEPT IN A HOME BINDER AT ALL TIMES.

7.1(a)(2) CG#2 completed APS/CAN ON 8-4-17. AND KEPT IN HOME BINDER AT ALL TIMES.

41.(b)(7) CG#1 completed TB CLEARANCE ON 8/4/17. AND FROM NOW THE HOME USES A CALENDAR TO REMIND CG#1 TO COMPLETE TB CLEARANCE EVERY YEAR BEFORE IT EXPIRES.

Alhaman

- 503 WAIKALA STREET
KATHULUI HI 96732