

# Foster Family Home - Corrective Action Report

Provider ID: 1-589707

Home Name: Marilyn Castillo, LPN

99-349 Aheahe Street

Aiea HI 96701

Review ID: 1-589707-6

Reviewer: Sue Lo

Begin Date: 6/19/2017

End Date: 7/23/2017

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

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

Comment:

6 (d)(1) Home visit made on 6/19/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/19/2017.

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) Lapsed on eCrim for the following CGs: CG#1 due/on/before 7/15/2016 - was done on 12/30/2016; CG#2 and CG#3 due on/before 7/5/2016 - were done 1/7/2017. HHM#3 eCrim not present in the home.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) checks for the following CGs and HHMs: CG#1, CG#2, and CG#3 due on/before 2/18/2017 -were done on 5/13/2017; HHM#2 due on/before 9/4/2016 - was done on 6/9/2017; and HHM#3 due on/before 8/15/2016 - was done 5/31/2017.

## 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) Proof of positive/negative TB clearance not present in the home for CG#3.

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

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48.(a)(5) Fire extinguishers were not currently charged or inspected in the home.

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Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) Seven days survival kit not present in the home.

*doyle*  
Compliance Manager

*mcastillo*  
Primary Care Giver

6/19/2017  
Date

6/19/17  
Date

## WRITTEN PLAN OF CORRECTION

DATE : 7/10/2017

7.1 (a)(1) CG # 1, # 2 & # 3 WILL NOT LAPSE IN E-CRIM;  
HHM # 3 COMPLETED E-CRIM ON 7/7/17.

7.1 (a)(2) CG # 1, # 2, & # 3 AND HHM # 2 & # 3 WILL NOT LAPSE  
IN APS / CAN.

TO PREVENT THE ABOVE NOT HAPPENING IN THE FUTURE, I  
WILL MAKE A REMINDER CHECK LIST BEFORE THE DUE DATE FOR  
ALL THE REQUIREMENTS ABOVE.

41 (b)(3) CG # 3 PROVIDED HER PROOF OF TB CLEARANCE DATED 10/7/2002.  
THE DOCUMENT FOR PROOF OF POSITIVE / NEGATIVE TB  
CLEARANCE IS FILED IN THE HOME BINDER PERMANENTLY.

48 (a)(5) BOUGHT A NEW FIRE EXTINGUISHER ON 7/6/2017 WITH  
DATE OF RECEIPT ATTACHED TO THE FIRE EXTINGUISHER.

49 (1)(a) SEVEN DAY SURVIVAL KIT PACKED ORDERLY ACCORDING TO  
THE EMERGENCY PREPAREDNESS PLAN SO THIS WILL NOT  
HAPPEN AGAIN IN THE FUTURE.

*M. A. Castillo*  
MARILYN A. CASTILLO 7/12/17

99-349 AILENE ST.  
MEA, HI 96701