

# Foster Family Home - Corrective Action Report

Provider ID: 1-170009

Home Name: Norma Maneja, CNA

91-1165 Kumulipo St.

Kapolei

HI 96707

Review ID: 1-170009-1

Reviewer: Carrie Wakai

Begin Date: 5/19/2017

End Date: 6/14/17

## 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 for a new 2-bed certification. Corrective action report issued during the new home visit with corrective action plan due to CTA on 6/19/2017.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1(b)(5)-No confidentiality/privacy training present for any caregiver or adult household members.

## 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).

Comment:

41(b)(4)-No disclosure form present on CG#2, CG#4.)

41(b)(7)-No current TB clearance form present on CG#2.

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

48.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

48(a)(2)-No grab bars present in bath and toilet area.

48(a)(4)-No wheelchair ramp present at fire exit (front entrance of home).

Compliance Manager

Primary Care Giver

Date

5-19-17

Date

## Written Plan of Correction

**13.1 (b)(5)**- The home completed the privacy training and obtained all the household member & caregiver's signatures on 05-21-2017. The forms will be kept in the caregivers' binder and updated as needed.

**41 (b)(4)**- CG #2 and CG#4 completed and signed the disclosure form on 5-21-2017. The disclosure form will be maintained in the caregiver's binder and updated as needed. In the future, the home will make certain all substitute caregiver's have a completed disclosure form.

**41 (b)(7)**- CG#2 will no longer be a substitute caregiver. In the future the primary caregiver will keep track of the due dates on the TB clearance of all the substitute caregivers in advance.

**48 (a)(2)**- The grab bars in the bathroom and toilet area was installed on 5-23-2017. These grab bars will be checked for any looseness all the time to ensure the safety of the residents.

**48 (a)(4)**- The wheelchair ramp at the fire exit (front entrance of the home) was installed 05-25-2017. The movable/removable wheelchair ramp on the entrance exit was installed for easy access for going in and out of the house.

  
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**Norma Maneja**

91-1165 Kumulipo St.  
Kapolei, HI 96707

6-14-17

Date