

Foster Family Home - Corrective Action Report

Provider ID: 5-170062

Home Name: Mylene M. Battulayan

Review ID: 5-170062-1

4185 Mano Street

Reviewer: Sue Lo

Lihue HI 967665

Begin Date: 12/07/2017

End Date: 12/15/2017

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

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

Comment:

6(d)(1) New Home visit made for a 2 bed certification. Corrective action report issued during New Home visit with corrective action plan due to CTA on 12/14/2017.

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) Fingerprinting not present in the Home for HHM#2.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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:

Comment:

41.(b)(7) TB Screening completed 7/8/2017 without proof of positive/negative TB Skin Test for CG#2.


41.(b)(8) Blood Borne Pathogen training not present in the Home for CG#1.

41.(f) TB Clearance not present for HHM#2.

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

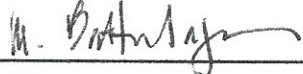
Comment:

48.(a)(2) Grab bars in the toilet rooms used by the client is not present in the Home.



Compliance Manager

12/7/2017
Date



Primary Care Giver

12/7/2017
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: MYLENE BATTULAYAN
 CCFFH Address: 4185 MAND ST. LIHUE HI 96766

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	HHM # 2 COMPLETED FINGERPRINTING	12-08-2017	I REALIZED HOW IMPORTANT BACKGROUND CHECKS ARE. ALL THREE DOCUMENTS ARE NOW KEPT IN MY BINDER.
7.1(a)(2)	HHM # 2 COMPLETED APS / CAN	12-08-2017	
	CG # 2 COMPLETED 2ND SET OF APS / CAN	12-08-2017	
41.(b)(8)	CG # 1 COMPLETED BLOODBORNE PATHOGEN	12-11-2017	BLOODBORNE PATHOGEN TRAINING IS DONE & KEPT IN BINDER. AS NEEDED TO HAVE A FOSTER CARE HOME.
41 (F)	HHM # 2 COMPLETED TB CLEARANCE	12-13-2017	CURRENT TB CLEARANCE IS NOW ON FILE AS IT IS NEEDED FOR ADULT HOUSEHOLD MEMBER.
48.(a)(2)	TOILET ROOM GRAB BARS DONE	12-08-17	GRAB BARS WERE INSTALLED TO ENSURE SAFETY OF MY CLIENTS.

Primary Caregiver's Signature: M. Battulayan

Print Name: MYLENE BATTULAYAN

Date of Signature: 12-13-2017