

Foster Family Home - Corrective Action Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-4

94-510 Hiahia Loop

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 3/28/2018

End Date: 5/10/2018

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 client CCFFH certification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 4/10/18.

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 training present for CG#2

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

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

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

Comment:

41.b.6. All CCFFHs must meet current housing, occupancy and fire codes. There is a sealed doorway that leads to another section of the building. This doorway sections the home off into two separate homes. CTA looked at the Honolulu Tax Map Key and on the Department of Permit and Planning's website. No permit for sealing of the door and making the home a multi-family dwelling could be found online. It appears the home is not properly permitted to be two separate units as it is currently listed as a single family dwelling.

41.b.7 NO TB clearance present for CG#1 or 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;

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.a.4 There is a table blocking entrance by wheelchair to the client's closet in bedroom #2.

48.c.3 There are dead bugs in the ceiling light in the hallway outside the bathroom. There are dried food particles and spills in the freezer.

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Foster Family Home

Fiscal Requirements

[17-1454-49.1]

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1 Unable to determine if the home has adequate resources. The budget sheets that were filled out showed more expenses than income. Home will submit a bank account statement in order to prove adequate resources are available.

Foster Family Home

Client Rights

[17-1454-50]

50.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

50.b.13 There are home clothing and belongings in both client closets. There is no space for client belongings in either closets.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

3/28/2018
Date

3/28/2018
Date

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

CCFFH Name: Rhoda M. Bolosan, NA
 CCFFH Address: 94-510 Hiahia Loop Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1 b. 5	CG #2 was trained on confidentiality & signed the form. It was placed in the administrative binder.	3/29/18	In the future, PCG will make it sure to trained all new caregivers & household members for confidentiality policies & procedure/client privacy rights upon adding them in foster home to prevent deficiency.
41. b. 6.	Added new household members husband & wife. All requirements was placed in the administrative binder.	5/7/18	PCG will make it sure to update disclosure form for adding new household member to the foster home (including 2nd unit).
41. b. 7.	TB clearance was obtained for CG #1 & CG #2. It was placed into home record.	4/2/18	Home will used a spreadsheet, then put in the kitchen to identify when requirements are due 2 months before they expire to allow time to get them before they are due.
48. a. 4	Removed table that blocking entrance by wheel chair to the client's closet in bedroom #2.	3/29/18	PCG will maintain clutter free from any pathway the entire house to prevent future deficiency.

Primary Caregiver's Signature: *Rhoda Bolosan*
 Print Name: RHODA BOLOSAN Date of Signature: 5/9/2018

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

CCFFH Name: Rhoda M. Bolosan, NA
 CCFFH Address: 94-510 Hiahia Loop Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48. c. 3	Cleaned ceiling light in the hallway outside the bathroom. Wiped and cleaned dried food particles & spills in the freezer.	3/29/18	PCG, will maintain cleanliness to the entire whole house to prevent future deficiency.
49.1	The home has already provide bank account statement in order to prove adequate resources are available. It was placed in home record.	4/2/18	In the future PCG, will provide bank statement on CCFFH binder to show adequate financial resources.
50. b. 13	Removed home clothings & belongings in both client's closet.	3/29/18	PCG will not put any personal belongings to client's closet/ room to prevent future deficiency.

Primary Caregiver's Signature: *Rhoda M. Bolosan*
 Print Name: Rhoda M. Bolosan Date of Signature: 5/9/2018