

Foster Family Home - Corrective Action Report

Provider ID: 1-180036

Home Name: Marilou L. Calaycay, CNA

Review ID: 1-180036-1

91-1072 Kaunolu Street

Reviewer: Lori O'Keefe

Ewa Beach

HI 96706

Begin Date: 7/16/2018

End Date:

7/22/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d), 6.(d)(1) Home visit made for new 2 client application.
Corrective action report issued with corrective action plan due by 8/17/18.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(a) All information relating to individuals who apply for or receive home and community-based case management and community care foster family home services shall be confidential.

Comment:

13.1.(a)- Home intends to communicate confidential information via fax. There is no fax present in the home.

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 is not adequate space for client's personal clothing/belongings to go in the room. There is no dresser/closet in the room.

Lori O'Keefe

Compliance Manager

Marilou L. Calaycay

Primary Care Giver

7/16/18

Date

7/17/18

Date

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

CCFFH Name: **Marilou Calaycay**
 CCFFH Address: **91-1072 Kaunolu st. Ewa Beach 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50.b.13	Two multi-purpose closets/ cabinets purchased and installed for clients' personal belongings.	7/19/2018	<p>For maintenance of safe and clean storage of clothes, shoes, and other personal belongings of clients.</p> <p>To maintain the clients room clean, orderly and safe, in order to prevent falls, slips, trips, etc.</p>
13.1.a	Two Home telephones (one in living room A and other in living room B) and fax machine installed.	7/20/2018	<p>To maintain confidentiality of clients personal information.</p> <p>Easier access, transmission, and communication of vital information pertaining to clients.</p>

Primary Caregiver's Signature: *Marilou L. Calaycay*

Print Name: MARILOU CALAYCAY

Date of Signature: 07/20/2018