

Foster Family Home - Corrective Action Report

Provider ID: 1-120045

Home Name: Geovane Laya, RN

Review ID: 1-120045-5

91-1191 Kamoawa Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 6/22/2018

End Date: 7/20/18

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 2 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/22/2018.

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) & 7.1(a)(2)-No APS/CAN/Fingerprinting present for CG#3.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a)-Fire drills shall be conducted at least monthly but were conducted quarterly instead.

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52(c)(2)-No authorization signature present on client #2's current service plan.

Home closed on 7/20/18, no
corrective Action plan submitted Angel England

Carrie Wakai
Compliance Manager

6/22/18
Date

[Signature]
Primary Care Giver

6/22/18
Date