

Foster Family Home - Corrective Action Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

706 Hooluu St.

Pearl City

HI 96782

Review ID: 1-160034-2

Reviewer: Sue Lo

Begin Date: 4/5/2017

End Date: 5/10/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 4/5/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/5/2017

6 (d)(1) see applicable sections of this review.

Foster Family Home

Application

[17-1454-7]

7.(b)(1)(B)

Documentation to verify that the primary caregiver is a resident in the home that is to be a community care foster family home and is a NA, a LPN, or a RN with at least one year of experience in a home setting;

Comment:

7.(b)(1)(B) Current legible government ID residence address do not match CCFH address for CG#1.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(1)

The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

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).

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)(1) Current legible government issued ID with current full name not present in the home for CG#2.

41.(b)(4) Disclosure Form for psychosocial assessment not present in the home for CG#2.

41.(f) TB clearance not present in the home for HHM#3.

Foster Family Home - Corrective Action Report

Foster Family Home: Physical Environment

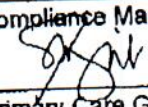
[17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48.(a)(5) Fire Extinguisher not charged or inspected in the home.

Compliance Manager

 EDITHA N. PONCE

Primary Care Giver

Date

4/29/17

Date

4/28/2017 21:30 PM

Written Plan of Correction

7.(b)(1)(B) Current legible Government ID obtained April 21, 2017. Matches the address of the home. Must keep in home binder at all times.

41.(b)(1) Current legible Government ID for CG#2 obtained 11/14/2014 must keep in the home binder at all time.

41.(b)(4) Disclosure form for psychosocial assessment completed 5/1/2017 by CG#2 must keep with home binder at all time.

41.(f) TB clearance
Completed 4/13/2017 for HHM #3
Home has calendar to renew TB clearance every year before the expiration date.

48(a)(5) fire extinguisher
Charge & inspected on April 17, 2017 by the fire extinguisher specialist. Use a calendar as a reminder for the date before it expires.

704 Hoolun St.

Pearl City, HI 96782

JM 5/8/2017