

Foster Family Home - Corrective Action Report

Provider ID: 1-170063

Home Name: Giliane Dupra, NA

Review ID: 1-170063-3

94-437 Hiapaiolo Loop

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/8/2018

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home visit for a 2 person CCFFH environmental review made on 2/08/2019. Corrective Action Report issued during home visit with all items due to CTA by 2/28/2019.

6.(d)(1) - see applicable sections of the review.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)& 8.(a)(2) - No record of APS/CAN and fingerprints for HHM#1 upstairs occupant.

Foster Family Home Information Confidentiality [11-800-16]

16.(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:

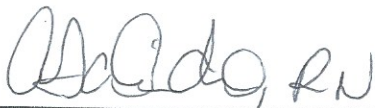
16.(b)(5) - No record of confidentiality policies and procedures training for HHM#1 upstairs occupant.

Foster Family Home Personnel and Staffing [11-800-41]

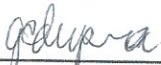
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No record of TB clearance for HHM#1 upstairs occupant.



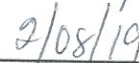
Compliance Manager



Primary Care Giver



Date



Date

