

Foster Family Home - Corrective Action Report

Provider ID: 1-120074

Home Name: Jovelyn Garces, CNA

2256 Akeukeu Street

Pearl City HI 96782

Review ID: 1-120074-10

Reviewer: Julie Hastings

Begin Date: 4/24/2020

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home. Corrective Action Report issued with all corrections to CTA by 5/24/2020.

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

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

Comment:

8.(a)(2)
CG#1, CG#2 APS/CAN lapsed.

CG#1 APS/CAN was done on 11/10/17. Was due on or before 11/10/19. Was done again on 12/10/2019.

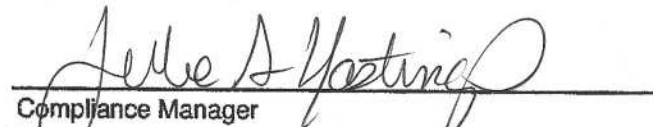
CG#2 APS/CAN was done on 12/27/17 Was due on or before 12/27/19. Was done 12/31/19.

Foster Family Home Client Rights [11-800-53]

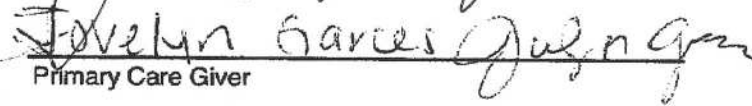
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)
Under the my choice, my way MedQuest rules, clients must be able to lock their bedroom and bathroom doors for privacy. Client #2/#3 shared bedroom door cannot be locked or unlocked by client safely.


Compliance Manager


Date


Primary Care Giver


Date