

# Foster Family Home - Corrective Action Report

Provider ID: 1-000072

Home Name: Arlene Bosas, CNA

Review ID: 1-000072-8

1585 Laulani Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 4/19/2021

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

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

Comment:

6.(d)(1)  
Home inspection completed for a 2 person CCFFH recertification.

- Home inspection completed for a 2 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 5/20/2021.

## 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 confidentiality/privacy training for CG#2, CG#3, CG#4, or CG#5

# Foster Family Home - Corrective Action Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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- 41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

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- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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Comment:

- 41.(a)(2) CG#2 CNA certificate not in Binder.
- 41.(b)(4) CG#4 does not have a disclosure form in binder.
- 41.(b)(5) CG#4 does not have drivers license, photo ID, proof of insurance or alternate transportation plan in binder.
- 41.(b)(7) CG#1, CG#3, CG#5 last TB was 2018, CG #2 last TB was 2017
- 41.(b)(8) CG#5 CPR, and First aid expired 2017. Bloodborne pathogens expired 2016.
- 41.(c) CG#5 last training was in 2015
- 41.(d) CG #4 does not have proof of NA in Binder
- 41.(e) CG#4 does not have an approval form in the binder.
- 41.(f)(1) M#4 and HHM#5 do not have TB documentation of TB declination form in binder

Foster Family Home	Insurance Requirements	[11-800-51]
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- 51.(a)(1) General;

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- Comment:
- 51.(a)(1)  
CG#5 not on liability insurance.

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## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

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Comment:

52.(b)  
No current budget available in the CCFFH. Last budget was 2018.

## Foster Family Home

## Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

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Comment:

54.(c)(5)- Medication Administration Record does not match medication bottles or MD. orders.



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Compliance Manager

\_\_\_\_\_  
Primary Care Giver

4/19/2021

\_\_\_\_\_  
Date

4/19/2021

\_\_\_\_\_  
Date