

Foster Family Home - Corrective Action Report

Provider ID: 1-210043

Home Name: Grace E. Basilio, NA

Review ID: 1-210043-1

94-506 Loaa Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/10/2021

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 for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/10/21.

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)(2) - No 1st year APS/CAN and fingerprints for HHM #1, #2, and #3.

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

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).

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

Comment:

41.(b)(4) - No SCG disclosure form present for CG #2.

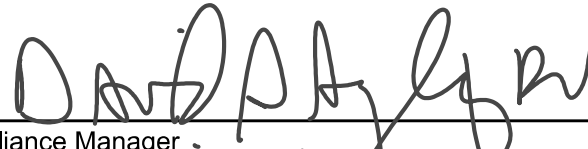
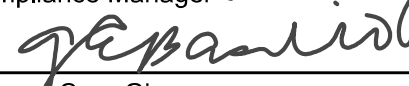
41.(f)(1) - No current TB clearance for all HHM's (#1 - #5).

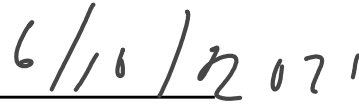
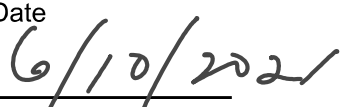
Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2) - No grab bars in shower area.


Compliance Manager

Primary Care Giver


Date

Date