

Foster Family Home - Corrective Action Report

Provider ID: 5-623589

Home Name: Leonarda Batulayan

Review ID: 5-623589-12

5419 Kuapapa Street

Reviewer: Terri Van Houten

Kapa'a HI 96746

Begin Date: 6/9/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 7/9/2021.

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;

Comment:

8.(a)(1) - CG#3 eCrim expired on 6/1/21, did not have a current eCrim in their file.

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

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.

41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

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

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

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.

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

Comment:

41.(b)(5) - CG#2 did not have a copy of a current state ID in their file.

41.(b)(5)(A) - CCFFH did not have an alternate transportation plan in place for CG#2 or 3.

41.(b)(8) - CG#1 did not have a current CPR/First Aide.
CG#1, 2, 3 did not have evidence of current BBP/Infection control training.

41.(c) - CG#1, 2, and 3 did not have evidence of annual training in their file.

41.(f)(1) - HHM#1 did not have evidence of current TB clearance.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CCFFH did not have evidence of fire drills conducted in the last 12 months.

Foster Family Home


Quality Assurance

[11-800-50]

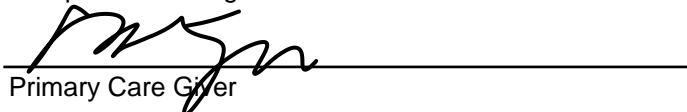
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have a copy of an emergency preparedness plan.



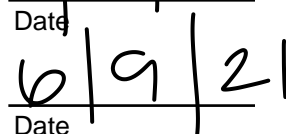
Compliance Manager



Primary Care Giver



Date



Date