

# Foster Family Home - Corrective Action Report

Provider ID: 1-563264

Home Name: Melanie Badua, CNA

Review ID: 1-563264-9

1415 Auld Lane

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 5/18/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/18/2021.

## Foster Family Home Application [11-800-7]

7.(b)(1)(A) A signed application form provided by the department;

Comment:

## 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)

HHM#1 APS/CAN lapsed did 4/12/18 and again 5/7/2020.

HHM#3 has no APS/CAN/Fingerprint on file.

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

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

Comment:

41.(f)(1)

HHM#2 TB lapsed was done in 2019 and again 2021. no 2020 TB in binder.

HHM#3 and HHM#4 have no TB or declination form in binder

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**Foster Family Home**

**Client Care and Services**

**[11-800-43]**

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

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Comment:

43.(c)(3)  
No RN delegation for caregivers for client #2 in binder

**Foster Family Home**

**Records**

**[11-800-54]**

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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Comment:

54.(c)(2)  
No Service plan for Client #1. Only top signature sheet in binder. Client is on respite 3/25/2021-5/31/2021



\_\_\_\_\_  
Compliance Manager

5/18/2021

\_\_\_\_\_  
Date

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

5/18/2021

\_\_\_\_\_  
Date