

53b9 Client #2 door lock are backward

Foster Family Home - Corrective Action Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA **Review ID:** 1-562430-9
94-288 Kahuanani Place **Reviewer:** Julie Hastings
Waipahu HI 96797 **Begin Date:** 12/16/2020

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.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 1/16/2020.

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#2 has no APS/CAN/Fingerprint

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)
HHM#2 has no signed Privacy agreement

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


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


41.(b)(7)
CG#1, #2, #3 TB lapsed
HHM#2 has no TB on record

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)
Locks on Client #2 door are backwards. Lock mst be able to be locked from inside client room.



Compliance Manager 12/16/2020
Date


Primary Care Giver 12/16/2020
Date