

Foster Family Home - Corrective Action Report

Provider ID: 1-563131

Home Name: Rosemary Pammit, CNA

Review ID: 1-563131-3

1319 Noelani Street

Reviewer:

Pearl City HI 96782

Begin Date: 5/18/2015

End Date: 6/10/2015

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 5/18/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/18/2015.

6 (d)(1) see applicable sections of this review.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(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:

13.1.(b)(5) The home did not have proof of Confidentiality /Privacy Training present.

Foster Family Home Records [17-1454-52]

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3)The home did not have a community resource book present.

Compliance Manager

R. Pammit

Primary Care Giver

5/18/2015

Date

5/18/2015

Date

May 29, 2015

52 (A) (3)

The home has a resource handbook in the place of May 28,2015. This will not happen again because I will keep their RHB in the Home's binder

13.1 (B.5)

The home completed proof of confidential privacy drawing as of May 28,2015 I will make sure this will not happened again, I will keep everything in my binder.

Signature  Date 5/29/15

Address: 1319 Noelani St.
Pearl City HI, 96782