

Foster Family Home - Corrective Action Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN

94-125 Pahu Street #9

Waipahu HI 96797

Review ID: 1-510166-3

Reviewer:

Begin Date: 9/23/2015

End Date: 11/19/15

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

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

Comment:

9/23/15: Review for recertification of two client home. Deficiencies are noted in separate sections. Deficiency response due 10/23/15.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2)APS/CAN required every two years. CG2, CG4 were last done 7/13 and were due 7/15. CG3 and CG5 are also overdue for APS/CAN, but have not worked for this home and are in process of being removed.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

41.(e) Two caregivers (CG 3 and CG 5) are no longer working in this home and have not been removed as caregivers through CTA. PCG would like to add new caregivers. Process for removing and adding caregivers was explained to PCG.

41.(f)(1)Caregivers are required to obtain TB clearance on a yearly basis. CG #2 has not had a TB clearance since 8/17/13.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) No fiscal records have been kept since 2013. There have been no clients in the home, and therefore no income from foster home since that year.



Compliance Manager

Annabelle Rice

Primary Care Giver

9/23/15
Date

9/23/15
Date

RIEL FOSTER HOME

94-125 Pahu st #9 Waipahu Hi, 96797

Here are the corrective actions dated on 9/23/2015.

7.1(a)(2) CG2 APS/CAN done on 9/28/2015 and result on file. I will remind myself by putting it in the notebook or calendar as a reminder.

CG4 APS/CAN done on 10/1/2015 and result on file. I will remind myself by putting it in my notebook or calendar as a reminder.

7.1(a)(2) CG3 AND CG5 Have not work for this home and was removed on 9/23/2015.

41.(e) I will make sure all my substitute caregivers are approved and meet the requirements for the department to provide services by reminding myself to put in the notebook or do some notes in the calendar as a reminder.

41.(f)-1 CG2 TB Clearance was done on 10.16.2015 .I will remind myself by putting it in my notebook or calendar as a reminder. Result on file.

49.(b) No Fiscal record related to no clients home since 2013. No income made that year. I'll make sure to update my fiscal record from now on. I

Sincerely Yours,

Annabelle Riel

Annabelle Riel LPN