

Foster Family Home - Corrective Action Report

Provider ID: 1-110085

Home Name: Lolita Lejat, NA

Review ID: 1-110085-4

31-1145 Haiamu Place

Reviewer:

Ewa Beach

HI 96706

Begin Date: 10/19/2015

End Date: 11/26/15

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

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

Comment:

Home survey conducted 10/19/15 for recertification of two client CCFFH. Corrective Action Report issued with Corrective Action Plan due to CTA no later than 11/19/15.

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1)

HHM 1 and HHM2 each had fingerprint results in file for 10/21/11. A second fingerprint was due to be performed by 10/21/12, however there are no subsequent fingerprint results in file for either one, although all required fingerprints were done.

7.1.(a)(2)

HHM1 and HHM2 :There are no APS/CAN results in file for either one, although the required APS/CAN checks were done.

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)

No evidence of confidentiality training in file for any caregivers or household members.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2)

CG2 is listed as a driver but no auto insurance is present in file. ✓ See alternate transportation plan for CG2. CG2 and PCA agreed to alternate plan in car. Alternate drivers not available. Non-emergency transportation (private handycab) will be provided such in accident.

Compliance Manager

L. Lejat
Primary Care Giver

Date

11/26/15

Date

10/22/2015 15:38 PM

November 19, 2015

From: Lolita Lejat, PCG

91-1145 Haiama Pl.
Ewa Beach, HI - 96706

Re: Response to Corrective Action Plan

- 1) Background Checks:
7.1 (a) (1), 7.1 (a) (2) HHM1 and HHM2 completed fingerprint. See enclosed results.
- 2) Information confidentiality
13.1 (b) (5) I will train all the SCGs and HHMs. Form completed & signed. See enclosed results.
- 3) Insurance Requirements
49(a) (2) CG2 alternate transportation plan. CG2 and PCG agreed to alternate plan in case alternate drivers not available. Non-emergency transportation Plan. Signed. See enclosed.

To avoid future Problems, I (PCG) must input all the requirements due date on my personal calendar and also to the calendar located on the refrigerator as a reminder.

Lolita Lejat

