

# of  
5 of 8

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-562563  
**Home Name:** Nora Buccat, RN  
 91-231 Kaukolu Place  
 Ewa Beach HI 96706

**Review ID:** 1-562563-3  
**Reviewer:**  
**Begin Date:** 10/5/2015  
**End Date:** 11/4/15

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

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

Comment:  
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 1-562563 Two person certification survey performed 10/5/15. Corrective Action Report issued with a written Plan of Correction due to CTA by 11/6/15.

**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;

Comment:  
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 7.1.(a)(1) State name checks are required every two years. State name checks for were done on 5/31/13 for cg1, cg3, cg4, cg5. They were not done again until 6/19/15, a three week lapse.

**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:  
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 13.1.(b)(5) Confidentiality Rights Training is to be provided for all caregivers. Caregivers 5 and 7 did not receive confidentiality training.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:  
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 41.(b)(7) CG7 received a TB test in 7/14, and was due for another test 7/15. There is no record of this test being done in file.



Compliance Manager  
 \_\_\_\_\_  
 NORA BUCCAT  
 Primary Care Giver

10/26/15  
 \_\_\_\_\_  
 Date  
 10/26/2015  
 \_\_\_\_\_  
 Date

11/05/2015

NORA A BUCCAT

91-231 KAUKOLU PL.

EWA BEACH,HI 96706

## FOSTER FAMILY HOME FOR 2 PERSON CERTIFICATION

### CORRECTIVE ACTION REPORT:

#### 7.1.(a)(1) Background Checks/State Name Checks

State name checks for my cg1, cg3, cg4, cg5 were all done but there was lapses.

Corrective Plan of Action: I need to check my binder every quarter, making sure it will be updated timely every two years and without lapses.

#### 13.1(b)(5) Information Confidentiality

My caregivers 5 and 7 already received their confidentiality training. All my caregivers and household members trained and signed the agreement.

Corrective Plan of Action: If I have new caregivers or adult household members, I must make sure they are all trained with the Confidentiality Policies and Procedures / Privacy Rights Training and must signed the agreement.

#### 41.(b)(7) Personnel and Staffing

My caregiver 7 already had [REDACTED] TB test done/completed, although there was a lapse from [REDACTED] last year test. Proof or evidence sent via mail.

Corrective Plan of Action: I have to check my binder every quarter, making sure everything's renewed/completed every year and without lapses.