

Foster Family Home - Corrective Action Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-3

94-573 Palai Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/29/2015

End Date:

7/1/15

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

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

Comment:

Home visit on 6/29/15 for initial certification of 2 bed home that is reopening after a temporary voluntary closure. A corrective action report was issued with items due by 7/29/15.

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 documentation of training.

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

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a)Budget listing expenses and income is not present

Foster Family Home Records [17-1454-52]

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

Comment:

52.(a)(3)Pamphlet from 2010-2011 is not current.

Supervision Manager

Primary Care Giver

6/29/15

Date

06/29/15

Date

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Foster Family Home Records [17-1454-52]

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

Comment:

52.(a)(3) Pamphlet from 2010-2011 is not current.

- I provide the training for all my substitute caregivers and adult household members for the confidentiality and policy procedure for clients.

- I do understand that I need to present every month for my monthly budget. In the future I will make sure to complete ^{the} monthly budget.

- The current copy of "Senior Information + Assistance Handbook" is in my binder

Compliance Manager

Primary Care Giver

Date

Date

07/01/15