

Foster Family Home - Corrective Action Report

Provider ID: 1-597841

Home Name: Elena Etrata, CNA

Review ID: 1-597841-5

1212 Palamea Lane

Reviewer:

Honolulu HI 96817

Begin Date: 5/4/2016

End Date: 5/9/16

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

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

Comment:

Home visit for a 2 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

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),(2) - No first year APS/CAN FP for CG [REDACTED]

Foster Family Home Grievance [17-1454-44.1]

44.1. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of human services. The home shall:

44.1.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

44.1.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

44.1., 44.1.(1),(2),(3) - Needs Policy and Procedures for client [REDACTED] and Client [REDACTED]

Foster Family Home Records [17-1454-52]

52.(c)(5)

Comment:

52.(c)(5) for client [REDACTED] need to be added to the MAR.

[REDACTED]

Fr: Elena C Etrata
1212 Palamea Ln
Honolulu HI 96817

Dear Sir;

Please find Attached Corrective Action Plan Report:

7.1.(a)(1),(2) ----- Sent CTA the first year APS/CAN & Finger prints for SCG [REDACTED]

44.1.,44.1(1),(2),(3) --- Sent CTA signed P & P for client [REDACTED] and client [REDACTED]

52.(c)(5)-----Sent CTA updated MAR for client [REDACTED]

I now understand the above HAR's and have made a list of items with expiration dates, and will review monthly. I will have all new clients (or their POA's) sign P &P on admission to my CCFFH. I will make sure the CMA always updates the MAR with additions of

[REDACTED]