

Foster Family Home - Corrective Action Report

Provider ID: 1-150017

Home Name: Rosemarie Ibarra Oriol, CNA

Review ID: 1-150017-2

74-168 Kaiao Place

Reviewer:

Waipahu HI 96797

Begin Date: 2/18/2016

End Date: 5/10/16

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

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

Comment:

Re-certification visit [REDACTED] for 2 client CCFFH. Corrective action report issued during re-certification due [REDACTED]
[REDACTED] See applicable sections 6.(d)(1)

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) CG#2 only fingerprint on record [REDACTED]. Need a second fingerprint on record.
7.1.(a)(2) CG#1 APS/CAN completed [REDACTED]. No other APS/CAN in record during review. [REDACTED]

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) CG#2 no confidentiality privacy training in record during review.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(4) CG#2 No disclosure form in record during review.
41.(b)(5) CG#2 No Driver's License or I.D in record during review.

Compliance Manager

Rosemarie I. Oriol

Primary Care Giver

2/18/16
Date

2/18/16
Date

CORRECTIVE ACTION PLAN

ROSEMARIE I. ORIAL

MAY 04, 2016

7. 1. (A)(1) - CG#2 FINGERPRINTS TAKEN [REDACTED]. THE DUE DATES FOR FINGERPRINTING WILL BE WRITTEN DOWN ON A CALENDER, TO AVOID BEING LATE. THE CALENDER WILL BE CHECKED MONTHLY.

7. 1. (A)(2) - CG#1 APG/CAN WERE COMPLETED [REDACTED]. A CALENDER WILL BE KEPT IN THE BINDER WITH THE CG'S NAMES AND DATES OF EXPIRATIONS. THE CALENDER WILL BE CHECKED MONTHLY.

13. 1. (B)(5) - CG#2 COMPLETED FORM [REDACTED]. THE FORM WILL BE PLACED IN BINDER AND WILL NOT BE REMOVED TO AVOID MISPLACEMENT.

41. (B)(4) - CG#2 PRINTED OUT FORM AND FILLED OUT [REDACTED]. EXTRA FORMS WILL BE PRINTED TO AVOID MISSING ANY DOCUMENTS. FORMS OR BINDER WILL BE CHECKED AGAINST THE TABLE OF CONTENTS TO MAKE SURE ALL FORMS ARE ACCOUNTED FOR.

41. (B)(5) - CG#2 DRIVER'S LICENSE WAS COPIED AND PLACED IN THE BINDER ACCORDINGLY. BINDER AND ITS CONTENTS WILL BE REORGANIZED TO AVOID MISPLACEMENT OF ANY DOCUMENTATION.

SIGNED & DATED: Rosemarie I. Orial 5/4/16

ROSEMARIE I. ORIAL

94-108 KAILO PL.

WAIDAHU, HI 96797