

# Foster Family Home - Corrective Action Report

Provider ID: 1-562670

Home Name: Juanito Castanaga, CNA

Review ID: 1-562670-4

94-968 Lumimoe Street

Reviewer:

Waipahu

HI 96797

Begin Date: 9/26/2016

End Date: 9/30/16

## 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 CCFFH recertification review made on 9/26/16. Corrective Action Report issued during home visit with all items due to CTA by 10/26/16.

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

## Foster Family Home Information Confidentiality

[17-1454-13-1]

13.1.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

13.1.(b)(1) - No signed policies and procedures for client #1 and client #2.

## Foster Family Home Personnel and Staffing

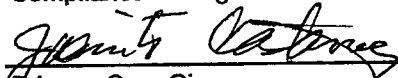
[17-1454-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) - CG #1 needs substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Compliance Manager

  
Primary Care Giver

Date

Date

**Written Plan of Correction**

**September 30, 2016**

**13.1.(b)(1) I sent CTA signed Policies and Procedures for Client #1 and #2 on 09/ 30/ 2016.**

**I will have all new clients or their POA sign my policies and procedures upon admission to my CCFH.**

**41.(a)(4) I sent CTA a change notification form adding a new CG on 9/30/2016.**

**I now understand the rule and will always have two approved SCG's working for me.**

Date: Sep. 30, 2016

Juanito Castanaga

**JUANITO CASTANAGA**

**94-968 Lumimoe Street**

**Waipahu, Hawaii 96797**