

Foster Family Home - Corrective Action Report

Provider: Liberty-Albano, CNA
Home Name: Liberty-Albano, CNA
16-530, Ohé Street
Kaaau HI 96749
Review ID: 2-591075-4
Reviewer:
Begin Date: 10/5/2016
End Date: 11/07/16

Foster Family Home - Required Certificate

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

Comment:
Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 11/05/16.

Foster Family Home - Reporting Changes

10. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:
No removal form in home binder for removal of CG # 4.

Foster Family Home - Fiscal Requirements

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:
Budget report in home binder reflects income is less than expenses.

Compliance Manager

Liberty Q. Albano
Primary Care Giver

11/07/16
Date

10/26/2016
Date

November 4, 2016

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, LIBERTY FOSTER FAMILY HOME has taken the actions set forth the following plan of correction. The plan of correction constitutes LIBERTY FOSTER FAMILY HOME's allegation of compliance such that all alleged deficiencies cited have been corrected.

Foster Family Home Reporting Changes [17-1454-10]

10. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:

No removal form in home binder for removal of CG # 4

Corrective Action:

A Substitute Caregiver Change Notification Form, the removal of CG#4 was submitted by mail to CTA on October 26, 2016.

Plan of Action:

The home will promptly report the required document as soon as there is a change in its staff.

Signed: _____



11/04/2016

LIBERTY Q. ALBANO, PCG
16-530 Ohe Street
Kaaau, HI 96749

November 21, 2016

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, LIBERTY FOSTER FAMILY HOME has taken the actions set forth the following plan of correction. The plan of correction constitutes LIBERTY FOSTER FAMILY HOME's allegation of compliance such that all alleged deficiencies cited have been corrected.

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.

49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

Budget report in home binder reflects income is less than expenses.

Corrective Action:

At the time of review there was a technical error in the sum of the income for each month from August to December 2016. I verified and it was brought to the reviewer's attention. I use the calculator manually and it shows that the income is higher than the expenses. But it was not accepted. I was instructed to send a plan of action for the error in addition. Please see attached copy of original Budget Report 2016. Thank you.

A corrected Budget Report has been mailed to CTA on October 26, 2016.

Plan of Action:

The home will see to it that the math additions are correct by verifying twice the sum of income and expense for each month.

Signed: *Liberty Q. Albano* 11/21/2016
LIBERTY Q. ALBANO, PCG
16-530 Ohe Street
Keaau, HI 96749