

# Foster Family Home - Corrective Action Report

Provider ID: 1-090095

Home Name: Mary Fe Ricana, CNA

Review ID: 1-090095-6

94-823 Lumikuke Loop

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/12/2018

End Date: 6/21/2018

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

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

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 6/25/18.

## 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 confidentiality and privacy rights training for household members and caregivers.

Carrie Wakai  
Compliance Manager

Mica  
Primary Care Giver

06/12/18  
Date

06/12/18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: <sup>FE</sup> Mary Ricana  
CCFFH Address: 91-1036 Puhipaka St. Ewa Beach

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1 (b)1	My household members and caregivers were trained on confidentiality and signed the form and which are now in my folder.		In the future all new caregivers/household members will receive this training on their first day in the home.

Primary Caregiver's Signature: 

Print Name: MARY FE RICANA

Date of Signature: 06/21/18