

Foster Family Home - Corrective Action Report

Provider ID: 1-563248

Home Name: Beatriz Rivera, CNA

Review ID: 1-563248-5

94-959 Kuakahi Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/31/2018

End Date:

8/29/18

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 7/31/18. Corrective Action Report issued during home visit with all items due to CTA by 8/31/18.

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) - eCrim lapsed for CG#1: was due on/before 07/07/2018, done on 7/27/2018.

7.1.(a)(2) - APS/CAN checks lapsed for CG#1: was due on/before 7/19/2018, done on 7/27/2018

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No TB Clearance present for 2017 for CG#1 and CG#2.

Angelica Galindo, RN

Compliance Manager

Beatriz Rivera

Primary Care Giver

7/31/18

Date

7/31/18

Date

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

CCFFH Name: BEATRICE T. KIVERA

CCFFH Address: 94-959 Kuaakahi St. Waipahu HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Lapse cannot be corrected. CG #1.	08/27/18	Home understands the background check requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses 2 months prior the due date.
7.1(a)(2)	Lapse can not be corrected. CG #1.	08/27/18	Home understands the background check requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses 2 months prior the due date.
4.(b)(6)	CG#1 & CG#2 - their TB Clearance wasn't obtained for 2017, however TB Clearance obtained for 2018 CG#1 on 7/20/18 CG#2 on 7/27/18. TB were placed into home record.	08/27/18	Home will use a spread sheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: Beatrice T. Kivera

Print Name: BEATRICE T. KIVERA

Date of Signature: 08/27/18