

Foster Family Home - Corrective Action Report

Provider ID: 1-525420

Home Name: Marilou Rivera, CNA

Review ID: 1-525420-10

94-595 Kipou Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/27/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 3/27/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/27/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

HHM #1 APS/CAN checks lapse, done 3/8/2017 and next one done 3/19/2019.

Foster Family Home Personnel and Staffing [11-800-41]

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.5 No proof of coverage of auto-insurance during 2018.

Foster Family Home Records [11-800-54]

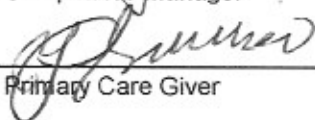
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.c.3 Service plan in not signed by Client# 2



Compliance Manager



Primary Care Giver

3/27/19
Date

3/27/19
Date

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

CCFFH Name: Marilou P. Rivera
 CCFFH Address: 94-595 Kipou Street Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6.d.1	Lapse cannot be corrected. Missing forms will be placed in personnel binder and administrative binder. Forms that have been signed was done.	3/27/19	Home has developed a schedule and had posted it on the refrigerator.
53.b.5	Rights of the patient will be provided at all times	3/27/19	Home will exercise clients right at all times unless it will not provoke caregiver rights as well.

Primary Caregiver's Signature: 


Print Name: Marilou P. Rivera

Date of Signature: 4/2/19

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

CCFFH Name: Marilou P. Rivera
 CCFFH Address: 94-595 Kipou Street Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Lapse cannot be corrected	3/29/19	Home understands the APS/CAN check requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses.
41.b.5	2018 coverage of auto insurance was obtained. It was placed into home binder.	3/30/19	Home has developed a calendar in front of the personnel binder to identify when requirements are due in order for me to get them.
54.c.2	Client#2 signed the Service Plan. Home placed the form in the administrative binder.	3/27/19	In the future home will provide a checklist in front of the binder that needs to be signed by the patient to prevent any unsigned documents

Primary Caregiver's Signature: 

Print Name: Marilou P. Rivera

Date of Signature: 4/2/19