

Foster Family Home - Corrective Action Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

94-048 Poailani Circle

Waipahu

HI 96797

Review ID: 1-594730-6

Reviewer: Julie Hastings

Begin Date: 2/7/2020

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 completed for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 3/9/2020.

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:

8.(a)(2)
CG#2 and CG#3 APS/CAN lapsed. Was done on 1/13/2019. Was due on or before 1/13/2020. Was done again on 1/17/2020.

Foster Family Home Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)
HHM#3 and HHM#4 have not completed privacy/confidentiality training.


Foster Family Home Client Care and Services

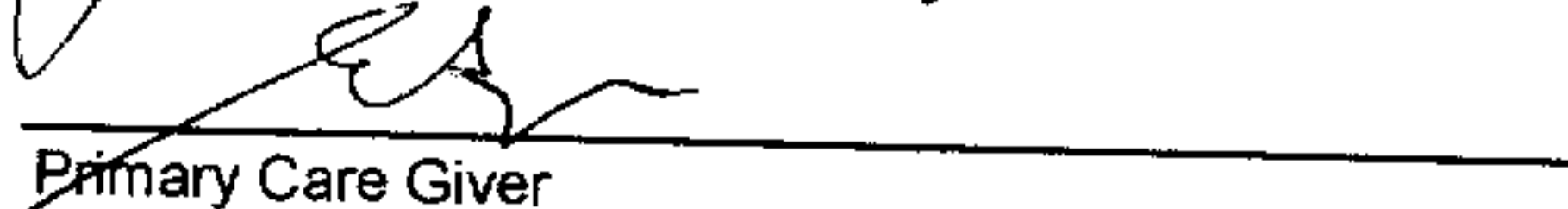
[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)
Delegation missing for CG#3, Client #2


Compliance Manager


Primary Care Giver

2/7/2020
Date


2-7-2020
Date

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

CCFFH Name: ERICSON ACROW

CCFFH Address: 94-048 POAILANI CIRCLE WAIPAHUA HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a2	Lapse can not be corrected	2-7-2020	Put a reminder ^{calendar} on my binder 2 months prior to expiration
16B5	have sign the privacy agreement	2-7-2020	all house hold need to sign week before moving in
43C3	caregiver are now delegated by RN for client number 2	2-10-2020	all caregiver will be delegated in a month of working

Primary Caregiver's Signature: 

Print Name: ERICSON ACROW

Date of Signature: 2-7-2020