

Foster Family Home - Corrective Action Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

1817 HANU LANE

Honolulu

HI 96819

Review ID: 1-110051-12

Reviewer: David Ayling

Begin Date: 9/3/2020

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 for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 10/3/20.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

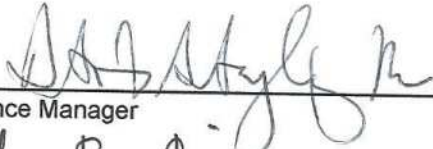
8.(a)(1)(2) - Second year APS/CAN and fingerprints not done for HHM #1. Expired on 9/6/19.

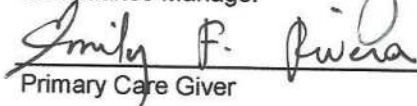
3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - Not keeping a Sign In/Sign Out sheet.


Compliance Manager


Primary Care Giver

9/3/2020
Date

9/3/2020
Date

CTA RN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Emily F Rivera

(PLEASE PRINT)

CCFFH Address: 1917 HANU LN HONOLULU HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)(2)	I received a current APS/CAN and fingerprint from HHM #1. I put the result in my CCFFH binder.	9/22/20	I put the expiration dates for APS/CAN and fingerprints on my computer calendar for all CG's and HHM's. I set the reminder for 1 month prior to expiration date.
(3P)(b)(2) staff	I have started a Sign in/Sign Out sheet and placed it on the front on my CCFFH binder.	9/4/2020	I and my SCG's use the Sign In/Sign Out sheet everytime I leave my CCFFH.

All items that were fixed are attached to this CAP

PCG's Signature: Emily F. Rivera

Date: 9/27/20

CTA has reviewed all corrected items