

Foster Family Home - Corrective Action Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-9

94-1062 Lumikula Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 2/13/2020

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

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

Comment:

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/15/2020.

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;

Comment:

8.(a)(1)
HHM#1 does not have an exemption for e-Crim 2019. e-Crim 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#4 ND HHM#5 have no documentation of privacy/confidentiality training in chart.

Julie Hastings BSN, RN,
Compliance Manager
Fe A. Manera
Primary Care Giver

2/13/2020
Date
2/13/2020
Date

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

CCFFH Name: Fe A. Manera

CCFFH Address: 94-1062 Lumifuka St. Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8A1	Household member #1 now has an exemption letter	9/1/2020	House will require a yearly exemption letter. Reminder place in calendar for two months prior to due date.
16B5	Household member #5 and 4 have signed the privacy agreement	2/13/2020	All household members will be required to sign privacy agreement w/ in one week in moving in.

Primary Caregiver's Signature: Fe A. Manera

Print Name: Fe A. Manera

Date of Signature: 9/1/2020