

### Foster Family Home - Corrective Action Report

**Provider ID:** 2-509705  
**Home Name:** Julita Rivera, CNA      **Review ID:** 2-509705-6  
**812 Iolani Street**      **Reviewer:** Lori O'Keefe  
**Hilo**      **HI** 98720      **Begin Date:** 4/27/2020

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

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

Comment:

6.d.1 - Recertification inspection performed in this 3 bed home. A corrective action report (CAR) is being issued via email due to COVID 19 precautions. A written corrective action plan (CAP) is due back to CTA by 5/29/19.

**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, 8.a.2 - CG#1 - Lapse of eCrim, this was due by 5/15/19 but not done until 3/2/20. The APS/CAN clearance recheck was due by 7/11/19 but not done until 3/23/20.

CG#2 - Lapse of eCrim, this was due by 5/15/19 but not done until 3/2/20. The APS/CAN clearance recheck was due by 2/2/17 but not done until 3/23/20.

CG#3 - Lapse of eCrim, this was due by 1/14/18 but not done until 11/19/19. The APS/CAN clearance recheck was due by 7/28/19 but not done until 12/3/19.

CG#4 - APS/CAN clearance check was due by 2/10/19 but not done until 3/23/20.

CG#5 - APS/CAN clearance check was due by 1/18/18 but not done until 7/8/19.

*Lori O'Keefe RN*

Compliance Manager

*4/29/2020*

Date

*Julita Rivera*

Primary Care Giver

*4/29/20*

Date

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

CCFFH Name: Julita Rivera

CCFFH Address: 812 Iolani St. Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1, 8.a.2	Lapses cannot be corrected. All CG's are current with APS/CAN/eCrim now.	5/1/20	I have a form that I will write all expiration dates on and will make a renewal date 1 month before needed to prevent future lapse.

Primary Caregiver's Signature: Julita Rivera

Print Name: Julita Rivera

Date of Signature: 5/7/20