

Foster Family Home - Corrective Action Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-7

5362 Olopuu Street

Reviewer: Terri Van Houten

Kapa'a HI 96746

Begin Date: 6/7/2021

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

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

Comment:

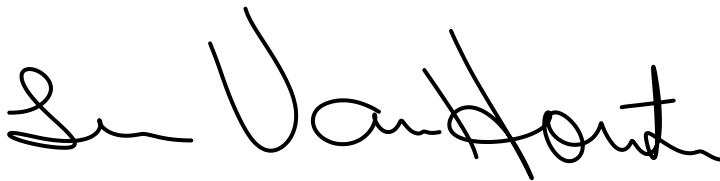
6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 7/9/2021.

Foster Family Home Records [11-800-54]

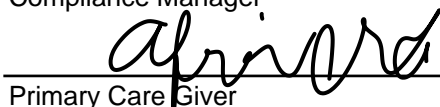
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

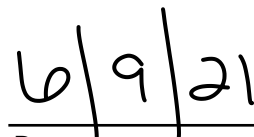
54.(c)(2) - Client #3 did not have evidence that service plan was reviewed on 4/2021.



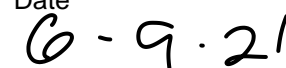
Compliance Manager



Primary Care Giver



Date



Date