

Foster Family Home - Corrective Action Report

Provider ID: 1-620551

Home Name: Christine Oliveros, CNA

Review ID: 1-620551-15

2529 Rose Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 3/23/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/23/21

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#2 has not signed privacy/confidentiality agreement

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)
HHM#2 has no TB clearance or declination form

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

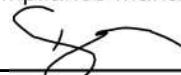
(3P)(b)(6) Fire
No fire drill for CG#2 in 2020



Compliance Manager

3/23/2021

Date



Primary Care Giver

3/23/2021

Date

CTA RN Compliance Manager: JULIE HASTINGS

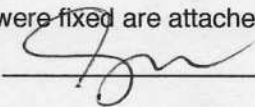
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: CHRISTINE JOY B. OLIVEROS
(PLEASE PRINT)

CCFFH Address: 2529 ROSE ST 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?
16.(B) (5)	HHM#2 SIGNED PRIVACY/ CONFIDENTIALITY. IT WAS PLACED INTO THE CAREGIVERS BINDER.	3/23/21	HOME WILL MAKE SURE TO KNOW THE UPDATED RULES AND REGULATIONS OF THE STATE.
41.(F) (1)	HHM#2 TB CLEARANCE/ DECLINATION FORM SIGNED AND IT WAS PLACED INTO THE CAREGIVERS BINDER.	3/23/21	HOME WILL MAKE SURE TO KNOW THE UPDATED RULES OF THE STATE AND ALSO TO READ ALL THE NEWSLETTER FROM CTA.
3P(B) (6)	LAPSED CANNOT BE CORRECTED.	3/23/21	HOME WILL USE A WALL CALENDAR TO PUT ALL DUE DATES ON. HOME WILL ALSO REMIND EVERY CAREGIVERS TO DO A FIRE DRILL ATLEAST ONCE A YEAR.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 3/23/21

CTA has reviewed all corrected items