

Foster Family Home - Corrective Action Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

Review ID: 2-618936-8

94-6264 Puka Street

Reviewer: Terri Van Houten

Naalehu

HI 96772

Begin Date: 3/17/2021

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 4/17/21.

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) - CCFFH did not have evidence that CG#1, 3, or 4 were training on confidentiality and privacy policies.

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(b)(4) Staff - CG#4 does not have an Nurse Aide certification or evidence of work experience.



Compliance Manager


Primary Care Giver

3/17/21

Date
3/17/21

Date