

Foster Family Home - Corrective Action Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-8

812 Iolani Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 4/15/2021

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 5/15/2021.

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, 2, 3, 4, or 5 had training in confidentiality procedures and client privacy rights.

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


41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

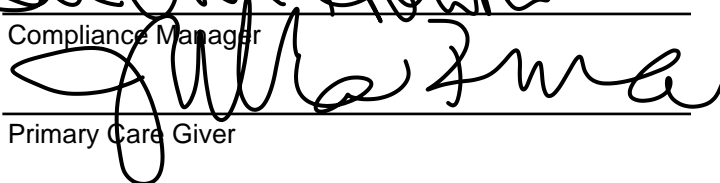
Comment:

41.(b)(4) - CG#2 and 4 did not have a copy of an SCG disclosure form.

41.(c) - CG#2 and 3 did not have evidence of inservice training in the last 12 months.



Compliance Manager



Primary Care Giver

4/15/21

Date

4/15/21

Date