

Foster Family Home - Corrective Action Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-7

66-992 Oliana Street

Reviewer: Maribel Nakamine

Waialua

HI 96791

Begin Date: 4/13/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/13/2021.

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;

Comment:

8.(a)(1)- Ecrim lapsed on 3/13/2021 and renewed on 3/27/2021 for CG#1, CG#2, and CG#3.

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)- No confidentiality policies and procedures and client privacy rights for HHM#3, HHM#4, and HHM#5.

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#4's TB clearance lapsed on 3/5/2021 and no renewal present in the CCFFH binder.

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 #1's Service Plan dated 1/21/2021 contained no POA/Client's signature.

Maribel Nakamine, RN 4/13/2021
Compliance Manager Date
J. Sacro 4/13/2021
Primary Care Giver Date