

Foster Family Home - Corrective Action Report

Provider ID: 2-512112

Home Name: Luzonica Dela Rosa, CNA

Review ID: 2-512112-13

45-3244 Ohia Street

Reviewer: Terri Van Houten

Honoka'a

HI 96727

Begin Date: 6/24/2021

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 7/24/2021.

PCG is requesting to decrease to 2 clients.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - HHM#1 did not have a fingerprint or state name check (eCrim) result in the file.

8.(a)(2) - HHM#1 did not have an APS/CAN result in the file. CG#1 and 2 had expired APS/CAN results.

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#1 did not have evidence that confidentiality training was provided.

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).

Comment:

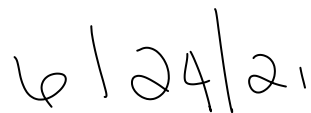
41.(b)(4) - CG#2 did not have an SCG disclosure form in their file.



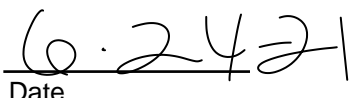
Compliance Manager



Primary Care Giver



Date



Date