

# Foster Family Home - Deficiency Report

Provider ID: 1-559099

Home Name: Janeth Dulig, CNA

Review ID: 1-559099-9

45-626 Halelo Place

Reviewer: Julie Hastings

Kaneohe

HI 96744

Begin Date: 8/3/2021

## 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 2 person CCFFH recertification.

- Home inspection completed for a 2 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 9/3/2021.

## Foster Family Home Information Confidentiality [11-800-16]

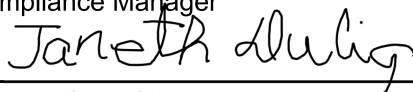
16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)  
HHM# 4 has no signed privacy/confidentiality form



Compliance Manager



Primary Care Giver

8/3/2021

Date

8/3/2021

Date

CTA RN Compliance Manager: Julie Hastings RN

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

PCG's Name on CCFFH Certificate: JANETH DULIG  
(PLEASE PRINT)

CCFFH Address: 45-426 HALELO PL. KANELOHE, HI. 96744  
(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 #4 SIGNED + DATED THE CLIENT CONFIDENTIALITY.	8-3-21	TO PREVENT THE CIRCUMSTANCE FROM HAPPENING AGAIN IN THE FUTURE IS FOR ME TO MAKE A CHECKLIST OF REMINDER IN FRONT OF MY BINDER OR ON MY CELL PHONE. IN ORDER FOR ME TO ACCOMPLISH THESE TASKS, I WILL USE MY CHECKLIST AS A GUIDELINE.

All items that were fixed are attached to this CAP

PCG's Signature: Janeth Dulig

Date: 8-3-21

CTA has reviewed all corrected items