

# Foster Family Home - Corrective Action Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-2

94-925 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/23/2015

End Date: 3/10/2015

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.(d)(1) Review for recertification. 0 clients yet. Not sure which rooms they are using for clients. Deficiencies listed in separate sections. CAP written with all items due by 3/23/15.

## Foster Family Home Physical Environment [17-1454-48]

48.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

48.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

48b1: PCG not sure which rooms she is using for clients due to privacy issues with rooms.

48.(b)(3) No call bells or baby monitor.

## Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2) PCG not on auto insurance but is a driver.



Compliance Manager

Primary Care Giver

Date

7/24/15

Date

2/23/15

**PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES**

**( INCLUDE DEFICIENCY NUMBER)**

PCG NAME: Ana Marie Acorda

DATE: March 10, 2015

**DEFICIENCY:** 48.(b)(1)

**How did you correct this deficiency?**

PCG decided to use one (1) room for each client to ensure privacy,  
(see attached photos).

**How will you avoid committing this deficiency in the future?**

PCG should decide which room to be used for each client to avoid delay of inspection.

**DEFICIENCY:** 48.(b)(3)

**How did you correct this deficiency?**

PCG provided call bells to be used by clients for timely intervention and emergencies.  
See attached photos.

**How will you avoid committing this deficiency in the future?**

PCG should provide monitoring devices to be used by clients for emergencies.

**DEFICIENCY:** 49.(a)(2)

**How did you correct this deficiency?**

PCG obtain a copy of the Insurance Policy from the Automobile Insurance Company.  
(See attached file.)

**How will you avoid committing this deficiency in the future?**

PCG should check the Automobile Insurance Policy for names of listed drivers.