

Foster Family Home - Corrective Action Report

Provider ID: 1-160012

Home Name: Debra Lynn Alexander, CNA

Review ID: 1-160012-2

599 Hoomoana Street

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 2/6/2017

End Date: 3/10/2017

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

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

Comment:
Home visit for a 2 person CCFFH recertification review made on 2/6/2017. Corrective Action Report issued during home visit with all items due to CTA by 3/6/2017.
6(d)(1)-see applicable sections of the review.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:
7.1(a)(1) & 7.1(a)(2)-CG#1 & CG#2 are missing their 2nd set of APS/CAN/fingerprinting.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

Comment:
46(d)(1)-Client #2 is missing Drs. order for [Redacted] which is present in service plan.

Compliance Manager



Primary Care Giver

Date

2/6/2017

Date

WRITTEN PLAN OF CORRECTION
MARCH 10, 2017

7.1(a) CG #1 - NOW HAS FINGERPRINTING DATED
MARCH 8, 2017 AND IS FILED
IN HOME BINDER.

7.1(a) CG #2 - NOW HAS FINGER PRINTING DATED
MARCH 9, 2017 AND IS FILED IN
HOME BINDER.

46(d) 1 - NOW HAS PROOF OF DOCTORS ORDERS
FOR [REDACTED]
DATED AUGUST 1 2016 AND IS NOW
FILED IN PATIENTS FOLDER.

ALL DOCUMENTS ABOVE ATTACHED. THE HOME HAS
NOW CREATED A FILE AND LOG FOR ALL UPDATED
DOCUMENTS BEFORE DUE DATES

Debra L. Alexander
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