

# Foster Family Home - Corrective Action Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

91-1053 Kuhina Street

Ewa Beach

HI 96706

Review ID: 1-628167-7

Reviewer: Lisa Johnson

Begin Date: 5/17/2019

## 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 for a 3 person CCFFH recertification made on 5/17/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/17/19.

## Foster Family Home Background Checks

[11-800-8]

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

Comment:

8.a.2 CG#2 APS/CAN expired 2/9/19, CG#6 APS/CAN expired 3/9/19.

## Foster Family Home Medication and Nutrition

[11-800-47]

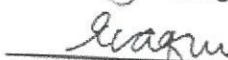
47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.d.1-2 Side rails are checked in service plan, but no orders from MD are present.

  
Compliance Manager

  
Primary Care Giver

5/17/2019  
Date

5/17/2019  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: **Emilita Aquino**

CCFFH Address: **91-1053 Kuhina St., Ewa Beach, HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	Current APS/CAN received from CG #2 and CG #6. Placed in my CCFFH binder.	7/22/19	Home understands the Back ground check requirements. Home will use expiration dates and a calendar to prevent prevent any future lapse.
47.(d)(1) (2)	Order for side rails obtained from Doctor for client #1	6/15/19	Home will check all orders and new orders for all clients once per month with CMA visit.

Primary Caregiver's Signature: *Emilita Aquino*

Print Name: Emilita Aquino

Date of Signature: 7/16/19