# Foster Family Home - Corrective Action Report

**Provider ID:** 1-511122

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|---|---|---|---|
| **Home Name:** | **Catalina Tano, LPN** | **Review ID:** | **1-511122-6** |
| 94-1312 Huakai Street | | Reviewer: | Maribel Nakamine |
| Waipahu | HI 96797 | Begin Date: | 10/7/2019 |

## Foster Family Home — Required Certificate — [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH made on 10/7/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/7/19.

6.(d)(1)- see applicable sections of the review.

## 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)- No current APS/CAN for CG#4.

## Foster Family Home — Grievance — [11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1),(2),(3)- No Admission Policy and Agreement for Client #1 and Client #2.

Maribel Nakamine, RN — 10/7/19
Compliance Manager — Date

Catalina Tano — 10/7/19
Primary Care Giver — Date

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

CCFFH Name: Catalina Tano
CCFFH Address: 94-1312 Huakai Street, Waipahu, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---|---|---|---|
| 8.(a)(2) | I obtained a current APS/CAN for CG # 4 and placed it in home binder. | 10/20/19 | Home understands the background check requirements. Home will use the calendar on iphone to input all due dates to prevent any future lapses. |
| 45.(1), (2), (3) | CCFFH Admission Policy and Agreement were explained to Client #1/POA and Client #2/POA. Copies were given to each and original documents placed in home binder. | 10/20/19 | CG#1 understands the requirements for the CCFFH Admission Policy and Agreement. CG # 1 made a list of necessary documents upon admission that home can refer to. |

Primary Caregiver's Signature: Catalina Tano

Print Name: CATALINA TANO Date of Signature: 10-21-19