Foster Family Home - Corrective Action Report

Provider ID: 1-627424

Home Name: Alicia Abendanio, CNA
94-606 Palai Street
Waipahu HI 96797

Review ID: 1-627424-8
Reviewer: Maribel Nakamine
Begin Date: 1/31/2020

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 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 3/2/2020.

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

Foster Family Home — Background Checks — [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1)- Ecrim expired on 12/31/18 and renewed on 12/26/19 for CG#2; for CG#4's ecrim expired on 1/8/19 and renewed on 2/25/19.
8.(a)(2)- APS/CAN expired on 8/23/19 and renewed on 1/7/2020 for CG#1; for CG#2, APS/CAN expired on 3/16/18 and renewed on 1/21/19; for CG#4, APS/CAN expired on 1/8/19 and renewed on 2/25/19; for HHM#1, APS/CAN expired on 3/16/18 and renewed on 1/13/19.

3 Person Fire Safety, Natural Disaster — 3 Person Fire Safety — (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire- CG#2 did not conduct a Fire Drill for the past 12 months.

Foster Family Home — Medication and Nutrition — [11-800-47]

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

Comment:

47.(d)(1)- No written MD order for [redacted] on Client #1.

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Foster Family Home **Client Rights** **[11-800-53]**

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed/signed Admission Policy and Agreement form upon Client#1's admission to home.

Manikal Nakamine, RN — 1/31/2020

Compliance Manager — Date

Primary Care Giver — 1-31-2020

Date

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

CCFFH Name: Alicia Abendanio

CCFFH Address: 94-606 Palai Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG#1 showed CTA Compliance Manager the current ecrim and APS/CAN for CG#1, CG#2, CG#4, and HHM#1 during home inspection. Results were filed in home binder.	1/31/2020	Home will use an iPhone calendar to schedule due dates 2 months in advance to prevent future lapses.
(3P)(b)(6)	CG# 2 conducted the Fire Drill on 2-7-2020. Form was filed in home binder.	2/7/2020	Home will schedule each caregivers to do a monthly Fire Drill at least once a year. Home posted the schedule in front of home binder.
47.(d)(1)	CG#1 contacted CMA RN to obtain an order for [redacted] Client #1. MD order was filed in client's chart.	2/28/2020	In the future, CG#1 will notify CMA RN or MD to assess the need fo[redacted]
53.(a)	CG#1 explained the Admission Policy and Agreement to Client #1/POA. Signature obtained and copy was provided to Client #1/POA and original filed in home binder.	2/28/2020	Home will make a checklist for all the necessary documents upon admission. Forms will be available in home binder.

Primary Caregiver's Signature: Alicia M. Abendanio

Print Name: ALICIA M. ABENDANIO Date of Signature: 3/9/2020