

# Foster Family Home - Corrective Action Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-7

94-384 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/26/2020

## 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 2 person CCFFH recertification completed.

Corrective Action Report issued during home visit with all items due to CTA by 6/26/2020.

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), (2)- No APS/CAN/Fingerprint or Ecrim results seen in home binder for HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- A doorway in the back of the house led to a stairway upstairs which consists of 2 more additional bedrooms; on another side of a wall in the dining area, there is another part of the home that was enclosed which led to 2 more bedrooms- household members were not previously disclosed/reported in the Primary Caregiver Disclosure Form.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- One of the emergency exits door located in the back of the home was obstructed with household items, plastic bin containers, etc.

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Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1)- Client #2's Face/Information Sheet is missing the level of care information.

54.(c)(5)- Client #1's Medication Administration Record was last signed on 5/23/2020 and Client #2's Medication Administration Record was last signed on 5/2/2020.

Muhammad Nakamine, M

Compliance Manager

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Primary Care Giver

5/26/2020

Date

5/26/2020

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Carmelita Sabio

(PLEASE PRINT)

CCFFH Address: 94-384 Kahuañani Street, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1), (2)	HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6 all obtained their current APS/CAN/Fingerprint/Ecrim. Results were all filed in home binder.	7/1/20	Home will use a wall calendar to schedule due dates 2 months in advance to prevent future lapses.
41.(b) (6)	CG#1 updated the Primary Caregiver Disclosure Form.	5/26/20	Home will update the disclosure form as needed such as changes in household components, work schedule of PCG, etc.
49.(a) (4)	Cleared all household items/clutters out of the back emergency exit door.	5/27/20	Home will keep emergency exits clear of any obstructions for the safety of all.
54.(c) (1)	CG#1 contacted CMA RN to update Client #2's Face/Information Form.	5/27/20	Home will check clients' Face/Information Form for completeness as needed.
54.(c) (5)	Lapse cannot be corrected.	5/27/20	CG#1 and all caregivers will timely sign the Medication Administration Record (MAR) after administering each clients' medications.

All items that were fixed are attached to this CAP

PCG's Signature: *C Sabio*

Date: 8/7/20

CTA has reviewed all corrected items