

# Foster Family Home - Corrective Action Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-9

94-493 Hiwahiwa Way

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/14/2020

## 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 8/14/2020.

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

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

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- Back door emergency exit was obstructed with multiple items such as a hospital bed, hoier lift, 2 bedside commodes, a wheelchair, etc.

49.(c)(3)- Client #2's window is blocked from the outside with a big bulky TV, 2 bags of dog foods, etc.

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No intercom/doorbell buzzer button on the outside as gate was closed and locked making it difficult for agency to enter CCFFH.

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients #1, #2, #3, and bathroom have no approved locks from the inside in reference to My Choice My Way of clients' privacy rights.

*Maribel Nakamine, MA*  
Compliance Manager

*Esperanza R. Javier*  
Primary Care Giver

7/14/2020

Date

7/14/2020

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: Esperanza R. Javier

(PLEASE PRINT)

CCFFH Address: 94-493 Hiwahiwa Way, 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?
49.(a)(4)	Backdoor emergency exit- removed hospital bed, hooyer lift, 2 bedside commodes, and wheelchair. Exit emergency back door area is cleaned and cleared. Replaced back screen door.	7/18/20	Home will keep emergency exits pathway cleared of obstructions. CG#1 instructed all household members and caregivers to do so.
49.(c)(3)	Client#2's window- removed TV, 2 bags of dog foods.	7/15/20	Home will keep fresh air entering and circulating in bedrooms windows.
50.(e)	Installed intercom/doorbell buzzer on the gate.	7/28/20	Home will maintain the doorbell buzzer at the gate for easy access.
53.(b)(9)	Clients#1, #2, #3 and bathroom- locks were changed to approved locks in reference to My choice My way of client's privacy rights.	7/29/20	Home will adhere to the My Choice My Way rules and regulations.

All items that were fixed are attached to this CAP

PCG's Signature: Esperanza R. Javier

Date: 8/04/2020

CTA has reviewed all corrected items