

Foster Family Home - Corrective Action Report

Provider ID: 1-594037
Home Name: Claribel Cabantog, CNA Review ID: 1-594037-7
94-058 Awamoku Street Reviewer: Maribel Nakamine
Waipahu HI 96797 Begin Date: 10/20/2020

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during inspection with all items due to CTA within 30 days.

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

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 previously shared clients' bedroom was converted into 2 separate rooms without a proper permit and room has no window. It was separated with a dry wall.

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

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

Comment:

49.(c)(3)- Client #1's bedroom has no window/no proper ventilation in room.

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 Admission Policy and Agreement for Client #1, Client #2, and Client #3 upon admission to CCFFH.

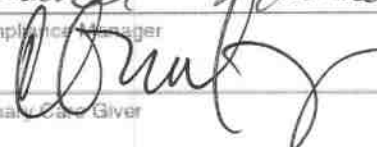
Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- Evacuation Map does not reflect the current home structures- upstairs area of the CCFFH was not included in the map.



Compliance Manager Date 10/20/2020


Primary Case Giver Date 10/20/20

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: Claribel Cabantog
(PLEASE PRINT)

CCFFH Address: 94-058 Awamoku St. Waipahu, Hawaii 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? |
|----------------|--|-------------------------------|--|
| 41. (b) (6) | Removed the dry wall separating the client's shared room. | 11/3/20 | In the future, CCFFH will obtain proper permit before doing any changes/structures to the home. |
| 49. (c) (3) | Client's #1 room has now window, and proper ventilation | 11/3/20 | Home will make sure that all client's room have existing windows and proper ventilation. |
| 53. (a) | Admission Policy and Agreement was explained to all client's/POA's by CG. A copy was provided to client's POA. Original form was filed in home binder. | 10/29/20 | Every new client's admission to home, CG will timely explain to all clients/POA the CCFFH Admission Policy and Agreement |
| 54. (a) (1) | Evacuation Map posted in the home didn't include upstairs area. | 10/21/20 | Evacuation map was updated and CG included upstairs area |

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 11/6/20

CTA has reviewed all corrected items