

# Foster Family Home - Corrective Action Report

Provider ID: 1-100118

Home Name: Elena Puesta, NA

Review ID: 1-100118-7

98-1678 Laauhuahua Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/24/2020

## 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 inspection with all items due to CTA by 10/24/2020.

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)- CG#1's APS/CAN lapsed on 4/22/19 and renewed on 8/6/19; Ecrim lapsed on 4/11/19 and renewed on 7/24/19. CG#2's APS/CAN lapsed on 3/5/2020 and renewed on 3/23/2020. Ecrim lapsed on 3/5/2020 and renewed on 3/23/2020.

## 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)- Back door emergency exit near Client #1's bedroom was obstructed with a shoji scree, an ironing board, and a wheelchair preventing a clear pathway in the event of an emergency evacuation.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy noted on Client #1. One medication label does not match the doctor's order and the Medication Administration Record(MAR).

Maribel Nakamine, RN  
Compliance Manager

Elena Puesta  
Primary Care Giver

9/24/2020  
Date

9/24/20  
Date

CTA RN Compliance Manager: Maribel Nakamire

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

PCG's Name on CCFFH Certificate: Elena Puesta  
(PLEASE PRINT)

CCFFH Address: 98-1678 Lagunitas Pl. Pearl City HI 96782  
(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)	Lapse cannot be corrected	9/29/20	Home will use a wall calendar to schedule due dates 2 months in advance to prevent future lapse.
49(a) (4)	wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits	9/24/20	Home will clear all things out by the exit door pathway for wheelchair accessibility in case of emergency.
54(c) (5)	medication discrepancy noted on client # 1.	9/24/20	Home will make sure the medication list, med log (MAR) and medication bottle/level is match.

All items that were fixed are attached to this CAP

PCG's Signature: Elena V. Puesta

Date: 10/8/20

CTA has reviewed all corrected items