

# Foster Family Home - Corrective Action Report

Provider ID: 1-190089

Home Name: Erica Carla Nanao, NA

2516 Rose Street

Honolulu

HI 96819

Review ID: 1-190089-3

Reviewer: Maribel Nakamine

Begin Date: 9/25/2020

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## 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 10/25/2020.

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)- HHM#3, HHM#4, and HHM#5 were without any current results of APS/CAN/Fingerprinting in home binder.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence of confidentiality and clients' privacy rights training done by CG#1 for HHM#3, HHM#4, and HHM#5 in home binder.

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

41.(a)(1) Reside in the community care foster family home;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(a)(1)- No written authorization seen in Rental Agreement with landlord for CG#1 to operate a CCFFH.

41.(f)(1)- HHM#3, HHM#4, and HHM#5 were without Tuberculosis Clearances results seen in home binder.

41.(i)- Primary Caregiver Disclosure Form was not updated to reflect additional household members who are residing in the upstairs/2nd level of the CCFFH.

# Foster Family Home - Corrective Action Report

**Foster Family Home**      **Fire Safety**      **[11-800-46]**

46.(a)      The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No record of CG#3 conducting a monthly fire drill for the past 12 months.

**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 emergency exit door was obstructed with a cabinet, laundry hanger, chairs, drums, etc. preventing a clear pathway in the event of an emergency situation.

**Foster Family Home**      **Insurance Requirements**      **[11-800-51]**

51.(a)(1)      General;

Comment:

51.(a)(1)- No general liability insurance policy seen in home binder for CG#1, CG#2, and CG#3.

**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 Admission Policy and Agreement completed on admission for Client #1 and Client #2 seen in home binder.

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

54.(c)(2)      Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's service plan in client's binder/chart expired on 6/30/2020.

Thaikel Nakamine, RN  
Compliance Manager

Lepica Carla Nanas  
Primary Care Giver

9/25/2020

Date

09/25/2020

Date

CTA RN Compliance Manager: Maribel Akamwe RN

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

PCG's Name on CCFFH Certificate: ERICA CARLA NANAO  
(PLEASE PRINT)

CCFFH Address: 2516 ROSE ST HONOLULU, HI 96819  
(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)	HAM#3, HAM#4 and HAM#5 were without any current result of APS/CAN/fingerprinting in home binder	09/26/2020	In the future, reference, I will put post-it to remind me for Expiration dates for my Documents.
16(b)(5)	No evidence of confidentiality and clients privacy rights training done by CG#1 for HAM#3, HAM#4 and HAM#5 in home binder.	9/26/2020	In the future I will ensure training takes places for new CGS and HAMs.
41(d)(1)	No written authorization seen in Rental Agreement with landlord for CG#1 to operate a CCFFH	9/26/2020	In the future, I will make sure to get authorization rental agreement with landlord for CG#1.
41(f)(1)	HAM#3, HAM#4 and HAM#5 were without Tuberculous clearances results seen in home binder	10/2/2020	In the future i will put postit. to remind me for Background check reminders.
41(i)	Primary Caregiver Disclosure Form was not updated to reflect additional household members who are residing upstairs/2nd level of CCFFH	9/30/2020	In the future i will update Primary Disclosure form.

All items that were fixed are attached to this CAP

PCG's Signature: Erica Carla Nanao

Date: 10/21/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Akamine RNCommunity Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

ERICA CARLA NANAQ

(PLEASE PRINT)

CCFFH Address:

2516 ROSE ST HONOLULU, HI 96819

(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?
46(a)	No record of CG#3 conducting a monthly fire drill for the past 12 months	9/26/2020	In the future I will schedule the CG's each month to conduct a fire drill so they do not forget.
49(a)(4)	Back emergency exit door was obstructed with cabinet, laundry, hanger, chairs, drums, etc. Preventing a clear pathway in the event of emergency situation	9/26/2020	In the future I will make sure that back door emergency cleared out for cleared pathway in the event of emergency situation.
51(a)(1)	No general liability insurance policy seen in home binder for CG#1, CG#2 and CG#3.	10/07/2020	In the future I will provide a general liability insurance policy for CG#1, CG#2 and CG#3 and keep it in my binder.
53(a)	No admission policy and agreement completed on admission for client #1 and client #2 seen in home binder	9/26/2020	In the future, I will provide policy and agreement completed for client #1 and client #2 and keep it in my binder.
54(c)(2)	Client #1's service plan in client binder/chart expires on 6/30/2020	9/26/2020	In the future I will provide client #1's service plan and keep it in my binder/chart.

 All items that were fixed are attached to this CAP

PCG's Signature:

Erica Carla NanaqDate: 10/21/2020 CTA has reviewed all corrected items