

# Foster Family Home - Corrective Action Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

Review ID: 1-618811-6

91-1017 A Keokolo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 5/28/2020

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

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

Comment:

6(d)(1) Home inspection made for a 3 bed recertification.  
Corrective action plan due to CTA within 30 days

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2) no grab bars reachable from the toilet in either clients bathroom

Jackie Chamberlain RN  
Compliance Manager

Francisco Redona  
Primary Care Giver

5/28/2020  
Date

5/28/20  
Date

CTA RN Compliance Manager: Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Francisco Redona  
(PLEASE PRINT)

CCFFH Address: 91-1017 A Keokolo Street-Kapolei HI  
(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) 2	Grab bars have been purchased and placed in both client toilets for client safety	6/3/20	Home has reviewed policy for all regulations for CCFFH requirements and will continue to add any items required or needed by clients

All items that were fixed are attached to this CAP  
PCG's Signature: Francisco Redona

Date: 06/03/2020

CTA has reviewed all corrected items