

# Foster Family Home - Corrective Action Report

Provider ID: 2-509888

Home Name: Grace Andres, CNA

Review ID: 2-509888-8

1682 Nohoana Place

Reviewer: Jackie Chamberlain

Hilo HI 96720

Begin Date: 10/25/2020

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

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

Comment:

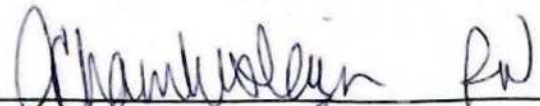
6.(d)(1) – Unannounced annual home inspection made for a 2 bed CCFFH. corrective action required to CTA within 30 days

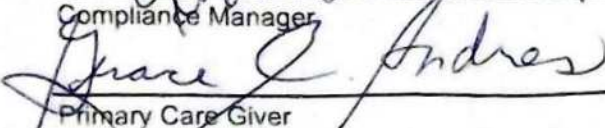
## Foster Family Home Physical Environment [11-800-49]

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

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with a flight of stairs up to the CCFFH kitchen

  
Compliance Manager

  
Primary Care Giver

10/29/2020  
Date

10/29/2020  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Grace C. Andres

(PLEASE PRINT)

CCFFH Address: 1682 Nohoana Pl, Hilo, HI 96720

(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(a) (4)	Since kitchen is located on the second floor, a microwave and refrigerator have been set up on the first floor outside of the client's room (photos attached).	11/10/2020	A microwave oven and refrigerator have been provided on the first floor accessible by the client. I will review and follow My Choice, My Way requirements.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*Grace C. Andres*

Date: 11-12-20

CTA has reviewed all corrected items