

# Foster Family Home - Corrective Action Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

Review ID: 1-511932-9

94-767 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/7/2020

## 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 3 person recertification completed.

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

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 9/26/19 and no renewal seen in home binder. CG#4's APS/CAN lapsed on 9/26/19 and renewed on 7/23/2020; Ecrim lapsed on 9/12/19 and renewed on 7/15/2020.

## 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 done on admission to CCFFH for Client #1 and Client #3.

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

54.(c)(1) Client's vital information;

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

Comment:

54.(c)(1)- Client #2's Face/Information sheet is missing the medical insurance information.

54.(c)(2)- Client #2's Service Plan expired on 3/17/2020.

*Maribel Nakamine, RN*

Compliance Manager

10/7/2020  
Date

*H Mollman*

Primary Care Giver

10/7/2020  
Date

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN, MSN Ed

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

PCG's Name on CCFFH Certificate: HELEN MOLLMAN

(PLEASE PRINT)

CCFFH Address: 94-767 KAAKA ST. WAIPAHU, HI 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?
2(a)(1) CG#1 CG#2	Made an appointment for APS/CAN & fingerprinting. } APS/CAN renewed late } Ecrim renewed late } Make sure not late next time	10/15/20 7/23/20 7/15/20 10/10/20	Make a reminder 1 month in advance to make sure it's done before the expiration date. } Make a reminder 1 month in advance to make sure it's done before the expiration date.
53.(a)	Called agency to email me copy of admission policies & procedures	11/02/2020	Have to check the binder thoroughly when admitting clients to make sure everything is complete.
54(c)(1) 54(c)(2)	} Texted my RN case manager and let her know that client's vital information is incomplete and she forwarded the message to the agency. Texted her the service plan as well	10/7/20	Have to ask case manager to leave the service plan in the binder before they leave my home when they do the home visit.

All items that were fixed are attached to this CAP

PCG's Signature: H Mollman

Date: 11/6/20

CTA has reviewed all corrected items