

Foster Family Home - Corrective Action Report

Provider ID: 1-190034

Home Name: Jean Edades, CNA

91-817 Aikanaka Road

Ewa Beach HI 96706

Review ID: 1-190034-2

Reviewer: Jackie Chamberlain

Begin Date: 4/17/2020

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

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

Comment:

Recertification inspection conducted for this CCFFH as determined during Covid-19 criteria. Corrective action plan due to CTA by 5/17/2020

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # 1 is missing a door to his room (therefore there is no door lock). There is a locked gate to the home without a doorbell for visitors

Jackie Chamberlain RN
Compliance Manager

Jan L. Egan
Primary Care Giver

4/17/20
Date

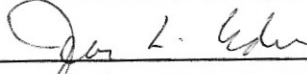
4/17/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Jean Edades**

CCFFH Address: **91-817 Aikanaka Road Ewa Beach 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53(b) 15	Door and compliant door lock added to bedroom of client # 1 Doorbell added to external gate for visitors	4/20/20	Home will review guidelines for my choice my way and will comply with guidelines and regulations

Primary Caregiver's Signature: 

Print Name: JEAN L. EDADES

Date of Signature: 4/20/20