

Foster Family Home - Corrective Action Report

Provider ID: 1-564486

Home Name: Kristine Vicente, CNA

Review ID: 1-564486-9

94-527 Laenui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/2/2020

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 CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 8/2/2020.

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)- CG#1's APS/CAN lapsed on 8/3/19 and renewed on 9/27/19. CG#2's Ecrim lapsed on 8/10/19 and renewed on 9/19/19. CG#3's APS/CAN lapsed on 9/6/19 and renewed on 9/27/19. CG#5's APS/CAN lapsed on 9/18/19 and renewed on 9/23/19. HHM#2's Ecrim lapsed on 8/10/19 and renewed on 9/19/19. HHM#3's APS/CAN/ Ecrim lapsed on 8/3/19 and renewed on 9/30/19.

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- Clients' bathroom showers were without a non-skid mat/rug.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- Front doorbell was broken. No other doorbells seen on other doors.

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Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- CCFFH's Evacuation Map was incomplete. No indication of where the exit doors are located in the home.

Maikel Nakamine, MSW
Compliance Manager

7/2/2020
Date

[Signature]
Primary Care Giver

7/2/2020
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Kristine Vicente

(PLEASE PRINT)

CCFFH Address: 94-527 Laenui Street, 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?
8.(a) (1), (2)	Lapse cannot be corrected.	7/2/20	Home will use an iphone calendar to schedule 2-3 months in advance to prevent future lapses.
49.(a) (1)	CG#1 purchased 3 non-skid rubber mat and placed 1 in each clients' showers.	7/3/20	Home will always keep an extra non-skid bath mat to use in clients' showers for clients' safety.
50.(e)	Home replaced the broken front doorbell.	7/5/20	In the future, home will replace broken doorbell promptly.
54.(a) (1)	Home updated the Evacuation Map to reflect the emergency exit doors.	7/10/20	Home will update Evacuation Map whenever there's any home improvements or as needed.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 7/30/2020

CTA has reviewed all corrected items