

Foster Family Home - Corrective Action Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-6

94-410 Hamau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/23/2020

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

8.(c)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 5/23/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home - Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap.

Comment:

41.(c)(6)- Part of the home's garage is being used as a bedroom for one of the household members.

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

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

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- Hallway leading to the back emergency door is obstructed with a rack of clothing, boxes, and household items.

Another emergency door located close to the living room is obstructed from the outside with household items, boxes, etc.

49.(a)(5)- A hallway smoke detector was non functioning when checked.

49.(c)(3)- Multiple boxes of client's care supplies and shoe boxes behind client's door are stored in Client #1's bedroom thus preventing a safe pathway for a wheelchair to pass through.

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bathroom is missing a door.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(1)

Client's vital information

Comment

54.(c)(1)- Client #1's Face/Information Sheet is lacking the current medical insurance information.

Maikel Nakamine, RN

Compliance Manager

4/23/2020

Date

[Signature]

Primary Care Giver

4/23/2020

Date

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

CCFFH Name: LANI ARELLANO
 CCFFH Address: 94-410 HAMAU ST. WAIIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(6)	Remove The Bed in the Garage.	05/04/20	Home will adhere to the building codes / ordinances or regulations.
49.(a)(4)	Cleared out the back exit door - Remove all the rack of clothing boxes and household items.	04/27/20	In the future I make sure that no items block in the hallway. Home will instruct all caregivers and household members.
49.(a)(5)	Replace smoke detector in the hallway.	04/25/20	In the future, Home will replace battery or fix smoke detector as soon as problem detected. Home will continue to do monthly fire drill.

Primary Caregiver's Signature: *Lani Arellano*

Print Name: LANI ARELLANO

Date of Signature: 05/14/2020

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

CCFFH Name: LANI ARELLANO

CCFFH Address: 94-410 HANAU ST. WAIPIAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.(c)(3)	Remove all obstacles stored behind clients door. cleared out hallway for wheelchair accessibility.	04/25/20	No items block in the hallway or exit door. Home will have storage to stock all items in the future.
53.(b)(9)	FIX OR INSTALL patient bathroom door.	04/25/20	reinstall patient bathroom door to maintain Privacy treatment in case of the client.
54.(EX1)	CG #1 contacted CMA, RN to complete client's face/information sheet.	04/24/20	on the future, home will double check clients vital information before filing in chart. If any information is missing CG #1 will contact call management agency.

Primary Caregiver's Signature: _____

Lani Arellano

Print Name: LANI ARELLANO

Date of Signature: 05/14/2020

05/14/2020