

Foster Family Home - Corrective Action Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-5

66-992 Oliana Street

Reviewer: Maribel Nakamine

Waiialua HI 96791

Begin Date: 4/22/2020

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

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

Comment:

Annual visit to a 2 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 5/22/2020.

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)- HHM#3, HHM#4, HHM#5, and HHM#6 were without results of APS/CAN/Fingerprint in home binder.

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.(b)(6)- A doorway near the living room led to another part of a home.

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;

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

Comment:

49.(a)(1)- No non-slip bathmat seen in clients' shower.

49.(a)(4)- Emergency exit door near the living room was obstructed with boxes and household items.

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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)- No approved door locks on all clients' bedrooms.

Naibeh Nakamine, PC
Compliance Manager

David
Primary Care Giver

4/22/2020
Date

4/22/2020
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: LEILANIE SACRO

CCFFH Address: 66-992 OLIANA STREET WAIALUA HI. 96791
(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) 8.(a) (2)	APS/CAN/Fingerprint background checks were obtained by, HHM#3,HHM#4,HHM#5, Documents were filed in home binder,HHM#6 removed as household member.	5/2/20 5/7/20	CG#1 will use a cellphone or calendar to schedule due dates 2-3 months in advance to prevent future lapses.
41.(b) (6)	Doorway led to another door part of home, household requirements obtained.	5/2/20 5/7/20	In the future home will adhere to the rules and regulations of the HAR11-800-41.
49.(a) (1)	Non-skid bathe mat placed in clients shower.	4/23/20	In the future home will ensure that a non skid will always be available to use for clients safety.
49.(a) (4)	Emergency exit door near living room boxes and household items were removed/cleared.	4/24/20	CG#1 Instructed all caregivers and household members to always keep emergency exits pathway clear of obstructions.
53.(b) (9)	Approved door locks installed on all clients bedrooms.	4/25/20	Will ensure to follow rules and regulations regarding door locks.

All items that were fixed are attached to this CAP

PCG's Signature: Leilanie Sacro

Date: 6/11/20

CTA has reviewed all corrected items