Foster Family Home - Corrective Action Report

Provider ID:	**1-190082**		
Home Name:	**Pamela G. Miyashiro, RN**	**Review ID:**	**1-190082-3**
2010 Pua'ala Lane		Reviewer:	Maribel Nakamine
Honolulu	HI 96819	Begin Date:	9/17/2020

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 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/17/2020.

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#2 has no APS/CAN result seen in home binder. HHM#3 has no result of APS/CAN/Fingerprinting or Ecrim 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)- Hallway had a shoji screen and locked baby gate to separate another part of the home; CG#3 was unable to unlock gate.

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

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

Comment:

49.(a)(4)- Hallway emergency exit door was obstructed with 2 metal file cabinets, 2 wheelchairs, and a hoyer lift.

Maribel Nakamine, RN — 9/17/2020

Compliance Manager — Date

Pamela G. Miyashiro — 9/17/2020

Primary Care Giver — 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: Pamela G. Miyashiro
(PLEASE PRINT)

CCFFH Address: 2010 Pua'ala Lane, Honolulu, HI 96819
(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)	HHM#2 obtained a current APS/CAN and also HHM#3 obtained a current APS/CAN/Ecrim. Results were filed in home binder.	10/10/20	Home will utilize an iphone calendar to schedule due dates alerts 2 months in advance.
41.(b) (6)	Shoji screen and gate were removed.	9/18/20	In the future, home will adhere to the rules and regulations of the Hawaii Administrative Rules.
49.(a) (4)	Hallway emergency door was cleared of all obstructions.	9/20/20	CG#1 will instruct all caregivers and household to keep all emergency exit doors clear of obstruction for everyone's safety.

☑ All items that were fixed are attached to this CAP

PCG's Signature: pamela g. miyashiro Date: 10/16/20

☒ CTA has reviewed all corrected items