

# Foster Family Home - Corrective Action Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN

Review ID: 1-510166-8

94-125 Pahu Street #9

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/3/2021

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

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

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/3/2021.

## 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)- There was an outside makeshift kitchen that contained a stove that CG#1 reported using instead of the stove inside the CCFFH's kitchen. Inside stove was reported by CG#1 and CG#4 to had been unplugged. CG#1 was unable to provide/show that the outside kitchen was properly permitted by the Department of Planning & Permitting (DPP).

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d), (d)(1), (2), (3)- Client #1 without a written MD order [REDACTED] Client #2 was also did not have a written MD order for [REDACTED]

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

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

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

Comment:

49.(a)(4)- Back door exit located inside Client #2's bedroom was obstructed outside with a fan, bedframe, broken ac unit, a shelf, etc. preventing a clear pathway in the event of an emergency or evacuation.

49.(c)(3)- Refrigerator was noted to have crawling bugs inside the bottom of the refrigerator upon inspection.

49.(c)(3)- Client #2's window screen was missing which insects/bugs/mosquitoes can come in and possibly bite the clients, window blinds had cobwebs hanging at the end, window also was blocked with a large duffel bags from the outside which prevents ventilation of fresh air inside client's bedroom.

49.(c)(3)- Clients' bathroom sink faucet with build up of mildew which can contribute to mode of infection for all clients and household members.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's Service plan expired on 8/2020 and no current one present in the client's chart.

54.(c)(5)- Medication discrepancies noted for Client #2. There were 2 medications listed in the Medication Administration Record without a written MD orders.

*Maibell Nakamire, PCW*

Compliance Manager

*Annabelle Riel*

Primary Care Giver

*3/3/2021*

Date

*3/3/2021*

Date