

Foster Family Home - Corrective Action Report

Provider ID: 1-613837

Home Name: Aprilyn Pascual, CNA

Review ID: 1-613837-8

91-946 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/15/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.
Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) No proof of 3 bed SCG application or approval for CG 3, 4 or 5

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) The CCFFH has a gate at the sidewalk that has a doorbell but the SCG did not answer the doorbell and it was 15 minutes until entry into the CCFFH for unannounced inspection

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # 2 does not have a lock on the inside for patient privacy
53.(b)(15) visiting hours state limited hours available. Per "My choice my way" visiting hours cannot be restricted.

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Records

[11-800-54]


54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

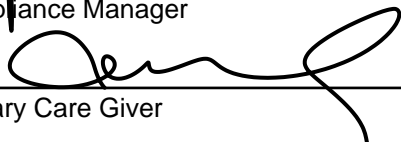
Comment:

54.(c)(7) Client # 1 No Personal allowance log documentation for clients 1 and 3

54.(c)(8) Client # 1 No client belonging record documentation for client 1 2 and 3



Compliance Manager



Primary Care Giver

6/15/21

Date

6/15/21

Date