

Foster Family Home - Corrective Action Report

Provider ID: 1-100066

Home Name: Charity Sabangan, CNA

Review ID: 1-100066-8

94-1124 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/12/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA 6/12/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance expired on 4/16/21 and no current renewal present in the CCFFH binder.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- No evidence present in the CCFFH binder of CG#2 and CG#3 having conducted a monthly fire drill for the past 12 months.

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;

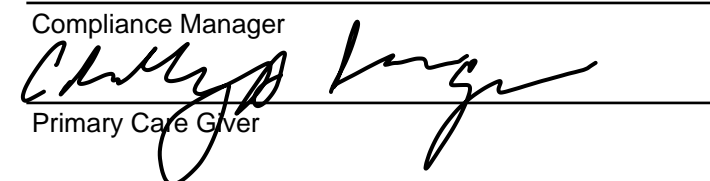
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's Service Plan expired on 10/2020 and Client #2's Service Plan expired on 3/1/2021.

54.(c)(5)- Client #1 and Client #2's Medication Administration Records (MAR) was last signed on 5/4/2021.


Compliance Manager Date 5/12/2021


Primary Care Giver Date 5/12/2021