

Foster Family Home - Corrective Action Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-9

1935 Ulana Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 2/18/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/18/2021.

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)- CG#3's APS/CAN lapsed on 7/7/19 and renewed on 9/14/19; Ecrim lapsed on 8/24/2020 and renewed on 9/8/2020. HHM#3's Ecrim lapsed on 8/24/2020 and renewed on 9/8/2020.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f), (f)(1)- TB clearance of HHM#3 expired on 2/14/2021 and no current renewal result present in the CCFFH binder.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#3 and CG#4 on [REDACTED] for Client #1.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 without a monthly fire drill completed for the past 12 months.

Maribel Nakamine, RN 2/18/2021
Compliance Manager Date
Emilio J. Andres 2/18/2021
Primary Care Giver Date