

# Foster Family Home - Corrective Action Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

Review ID: 1-628167-10

91-1053 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/6/2021

## 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 visit with corrective action plan due to CTA within 30 days of inspection.

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

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

Comment:


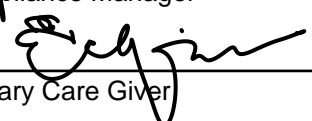
(3P)(a)(1) Staff CG # 2,3 and 6 do not have proof of approval for 3 bed CCFFH

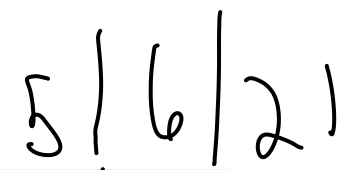
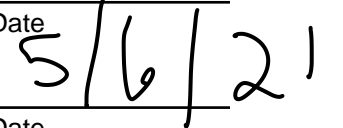
## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(2) Service plan for client #1 is past due, last 8/2020 and unsigned by POA. Has BGM monitoring listed when client not diabetic and no MD order for BGM. Client # 3 has for daily vital signs, CCFFH has been documenting weekly vital signs

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date