

Foster Family Home - Corrective Action Report

Provider ID: 1-110050

Home Name: Hermelita Martinez, CNA

Review ID: 1-110050-12

92-655 Aahualii Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 5/10/2021

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 re-certification inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h) CG # 3 has not applied for a 3 bed CCFFH SCG approval

41(f)(1) Lapse in TB clearance for CG # 1 lapse 4/1/2020 to 11/03/2020

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

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

Comment:

47 (d)(1) - Unable to locate physicians [REDACTED] client 1 and 2.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) no written account of clients funds present for client # 2

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) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 1 large step up

49.(c)(3) outdoor living spaces are cluttered in an unsafe manner

Foster Family Home Records [11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

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54.(b)(1) CCFFH administrative binder was not present in the CCFFH (reportedly was at the case management agency) requiring a second visit to complete review



Compliance Manager



Primary Care Giver

5/10/21

Date

5/10/21

Date