

# Foster Family Home - Corrective Action Report

Provider ID: 1-160042

Home Name: Jamaica Dalope, CNA

Review ID: 1-160042-7

94-524 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/8/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/8/2021.

## 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#1 and CG#2's APS/CAN lapsed on 1/15/2021 and renewed on 2/26/2021; Ecrim for both also lapsed on 1/11/2021 and renewed on 2/6/2021.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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)(1)- no non-slip bath mat/rubber mat present on clients' shower floor.

49.(a)(4)- Emergency exit door located at the end of hallway/back door was obstructed with household items such as bedside commodes, boxes of diapers, empty plastic bottles, etc. preventing a clear pathway for a wheelchair in the event of an emergency/evacuation.

49.(c)(3)- Client #1's bedroom window sill was dirty with brownish/grayish colored materials/build up dusts and the window blinds were full of dusts and cobwebs.

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

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 4/6/2021.

54.(c)(6)- Client #1's ADL/Daily Care Flowsheet was last signed on 4/6/2021.



Compliance Manager



Primary Care Giver

4/8/2021

Date

4/8/2021

Date