

Foster Family Home - Corrective Action Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, CNA

Review ID: 1-140004-9

94-1010 Eleu Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/16/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/16/2021.

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)- Client #2's [REDACTED] which was not addressed in the client's Service Plan.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Back door emergency exit was obstructed with multiple household items such as chairs, table, plastic items, etc. preventing a clear pathway for a wheelchair to pass through safely.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's bedroom with [REDACTED] without a written approval from client/POA.

Maribel Nakamine, RN 6/16/2021

Compliance Manager

Date

Primary Care Giver

Date