

Foster Family Home - Corrective Action Report

Provider ID: 1-610495

Home Name: Michelle Sabangan, CNA

Review ID: 1-610495-8

91-1095 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 1/15/2021

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

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

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Per DPP website, the home has 5 bedrooms, 1 bathroom but physical count of bedroom is 7, bathrooms is 3. The structure of the home does not meet this description. Possibly additions have been made without a building permit. Due to pandemic and possible State and County closures CCFFH will have 1 year to reconcile with DPP

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

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

Comment:

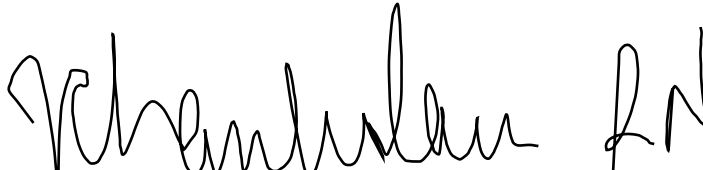
47.(d)(1) There is no MD signed [REDACTED] client # 1 in the clients binder

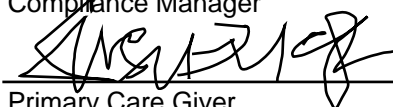
Foster Family Home Records [11-800-54]

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

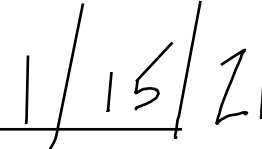
Comment:

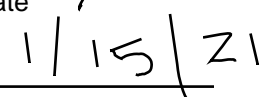
54.(c)(2) Service plan for client not signed by client or POA



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: TERRI VAN HOUTEN RN / Jackie Chamberlain RN

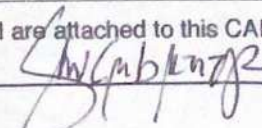
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: MICHELLE SABANGAN
(PLEASE PRINT)

CCFFH Address: 91-1095 Hanalea St. Ewa Beach, HI 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41(b)(6)	DRAFTSMAN CAME TO THE HOUSE & HE MADE SOME SUGGESTIONS REGARDING THE STRUCTURES OF THE HOUSE.	2/18/2021	I WILL WORK WITH A LICENSED CONTRACTOR WHENEVER THERE ARE STRUCTURAL CHANGES TO THE CCFFH

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 2/18/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: MICHELLE V. SABANGAN
(PLEASE PRINT)

CCFFH Address: 91-1095 Hanalea St. Gwa Beach, HI 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47(d)(1)	CLIENT #1 REQUESTED A COPY OF MD ORDER [REDACTED]	1/19/2021	HOME WILL KEEP A COPY IN CLIENT'S BINDER AT ALL TIMES.
54(c)(2)	OBTAINED SIGNATURE FROM CLIENT #1'S POA AND EXPLAINED THAT THE SERVICE PLAN WILL BE SIGN EVERY 6 MONTHS	2/2/2021	HOME WILL MAKE SURE THAT THE SERVICE PLAN WILL BE SIGN BY THE POA EVERY 6 MONTHS & WILL KEEP A COPY IN CLIENT'S BINDER AT ALL TIMES

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 2/2/2021

CTA has reviewed all corrected items