

# Foster Family Home - Corrective Action Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-9

94-819 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/28/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/28/2021.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No Basic Skills Check present for CG#4 on Client #1.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (d)(1)- No MD order present for [REDACTED] Client #1.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2 was occupying a makeshift garage bedroom. Proper ventilation was questionable and or a fire safety hazard.

*Maribel Nakamine, RN* 4/28/2021  
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Compliance Manager  
*Monaliza Asuncion*  
\_\_\_\_\_  
Primary Care Giver  
Date 4/28/2021  
Date