

# Foster Family Home - Corrective Action Report

Provider ID: 1-130046

Home Name: Natti Asentista, NA

Review ID: 1-130046-11

94-415 Ikepono Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/5/2021

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

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

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 4/5/2021.

## 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;

Comment:

8.(a)(1)- CG#1's Ecrim lapsed on 11/28/2020 and renewed on 1/10/2021.

## 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#2 without evidence of having done a monthly fire drill for the past 12 months.

## 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;

Comment:

49.(a)(1)- No non-slip rubber mat present in clients' showers.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#2 without evidence of having had training in the CCFFH's Emergency Preparedness Plan.

50.(e)- No gate buzzer/bell present on the outside of the CCFFH's gate for CTA/agency to have easy access; gate had a "Beware of Dog/Security" sign.

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Foster Family Home

Records

[11-800-54]

54.(c)(8) Personal inventory.

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Comment:

54.(c)(8)- Personal Inventory form was blank in Client #1's chart.

Muriel Nakamura 3/5/2021  
Compliance Manager Date  
[Signature] 3/5/2021  
Primary Care Giver Date