

Foster Family Home - Corrective Action Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-8

757 Hoopai Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/28/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/28/2021.

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)- No [REDACTED] administration for CG#3 on Client #1. For Client #2, there was no oral medication administration RN delegation present.

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

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5)- 4/4 of the smoke detectors tested during CCFFH inspection were not functioning.

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

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.(e)- No gate buzzer/intercom present on CCFFH's gate; no means of communication with CCFFH. There was also a "BEWARE OF DOG SIGN" on the gate.

Maribel Nakamine, RN

Compliance Manager

Ana Liza R. Guzman

Primary Care Giver

6/28/2021

Date

6/28/2021

Date