

Foster Family Home - Corrective Action Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

Review ID: 1-565096-7

94-428 Hamau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/29/2021

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 7/29/2021.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2 and CG#5 were without evidence of having conducted a monthly fire drill for the past 12 months.

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)- No written authorization present in Client #2's chart for [REDACTED] located inside the client's bedroom.

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)- Client #2's Service Plan expired on 4/12/2021.

Maribel Nakamine, RN 6/29/2021
Compliance Manager Date
Jerry W. L. 6/29/2021
Primary Care Giver Date