

# Foster Family Home - Corrective Action Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-9

94-239 Pupukui Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

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:

6(d)(1) CCFFH inspection made for a 3 bed recertification inspection. corrective action required due to CTA within 30 day

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

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

Comment:


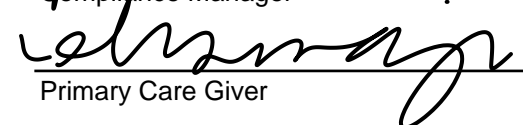
47.(d)(1) unable to locate [REDACTED] client # 1 2 or 3

## 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 #1 includes [REDACTED]. [REDACTED] has not been documented  
Client # 3  
service plan has direction to [REDACTED] These not been installed.  
Client # 3  
service plan for [REDACTED] however client declines to use [REDACTED]

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

6/28/21  
\_\_\_\_\_  
Date  
6/28/21  
\_\_\_\_\_  
Date