

# Foster Family Home - Corrective Action Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, NA

Review ID: 1-518730-10

91-959 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/4/2021

## 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 2 bed re-certification inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## 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, 3,4 and 5 have lapse in ECRIM

## 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 RN delegation present for client # 1 for CG 4 or 5

## Foster Family Home Records [11-800-54]


54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(7) Client # 1 No Personal allowance log documentation

54.(c)(8) Client # 1 client belonging record documentation is not signed by client or POA

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

5/4/21  
\_\_\_\_\_  
Date

5/4/21  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: GINA OEN-MITCHELL  
(PLEASE PRINT)

CCFFH Address: 91-959 MAILANI ST. EWA BEACH, HI 96706  
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.(a)(1)	Acquired eCrim Certified Record of CG# 1, 3, 4 and 5. It is placed into home record.	5/25/21	Home will use a calendar to put all due dates on. Background checks will be done at least 3 weeks before due date to prevent future lapses.
43.(c)(3)	RN delegations done for CG# 4 <del>and 5</del> <sub>gr</sub> . CG# 5 is not able to complete his RN delegation for he is out of the state. Therefore, I removed him as a substitute caregiver.	<del>5/25/21</del> 7/16/21	Home will notify client's CMA that RN delegation needs to be done within 5 days of a caregiver being added to the home.
54.(c)(7)	Home does not keep client funds. Acknowledgment by legal guardian is acquired.	5/27/21	Personal Allowance should always be documented. But client #1 Personal allowance is managed by legal guardian.
54.(c)(8)	Signed belonging record acquired from POA. Placed on client's chart	5/27/21	Personal Belongings Inventory List should always be updated. Record the dates of every item added or removed.

All items that were fixed are attached to this CAP  
PCG's Signature: Gina Oen-Mitchell Date: 5/27/2021 gr

CTA has reviewed all corrected items