

# Foster Family Home - Deficiency Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

Review ID: 5-180051-12

2976 Hoolako Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 6/19/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.


Deficiency Report emailed on 6/20/24 with plan of correction due to CTA within 30 days of issuance.


## Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH with 2 Private Pay clients. No DOH approval present for CCFFH to have 2 private pay clients.

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

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

6/20/24  
Date

**06/20/24**  
Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: EILEEN B. QUETULA  
(PLEASE PRINT)

CCFFH Address: 2976 HOOLAKO ST, LIHUE, HI 96766  
(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?
43.(b)	CG #1 contacted client #1's CMA and client's POA to assist with client's pending Medicaid application.	06/20/24	In the future, CG #1 will not accept a 2nd private pay client. CG #1 will adhere to HAR that Medicaid Pending client is considered a private pay status until confirmed to be Medicaid.

All items that were corrected are attached to this POC

PCG's Signature: *E. Quetula*

Date: June 21, 2024

CTA has reviewed all corrected items