Foster Family Home - Corrective Action Report

Provider ID: 1-120053

Home Name: Madeline Ulep, RN

Review ID: 1-120053-4

94-1469 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/3/2015 **End Date:** 7/21/2015

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

6 (d)(1) Home visit made on 6/3/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/3/2015.

6 (d)(1) see applicable sections of this review.

3 Person Staffing **3 Person Staffing Requirements** **[17-1454-41] (3P)**

41.(3P)(b)(3) There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

41.(3P)(b)(3) At time of visit, Home SCG#3 is three-hour or less and there is no provision for three-hour or less SCG in CCHFHs with 3-clients in the home.

[redacted]

Compliance Manager

6/3/2015

Date

Madeline D. Ulep

Primary Care Giver

06/03/2015

Date

6/3/2015 19:58 PM

Plan of Correction

07/18/2015

41.(3P) b (3)

The Home SCG #3 is < 3 hrs and I removed [redacted] on 07/11/2015. This will not happen again in this 3-Client Home.

7/18/2015 Madeline D. Ulep
94-1469 Hiapo St.
Waipahu Hawaii 96797