

Foster Family Home - Corrective Action Report

Provider ID: 1-160078

Home Name: Marissa Roman, CNA

Review ID: 1-160078-2

94-440 Kahualei Pl

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 8/25/2017

End Date: 9/23/2017

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 for a 2 bed CCFFH recertification survey. A corrective action report was issued with a written plan of correction due to CTA by 9/25/2017.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a)-No documentation of PM drills present in the home's folder.

Foster Family Home Records [17-1454-52]

52.(c)(1) Client's vital information;

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52(c)(1)-Medication allergy discrepancy present on face sheet, service plan and MD notes for client #1.

52(c)(2)-No MD orders present for use of restraints on client #2.
No CPR orders indicated on service plans of client #1 and #2.

Carrie Wakai

Compliance Manager

Marissa Roman

Primary Care Giver

9/25/17

Date

8/25/2017

Date

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed In Corrective Action Report
Chapter 17-1454**

CCFFH Name: Marissa Roman
CCFFH Address: 94-440 Kalmalei Place
Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(a)	The home conducted a 8 PM fire drill and documented and filed in home personnel record.	9/10/17	The home shall conduct monthly fire drill at various hours of the day and night in the future.
52(c)(1)	A medication allergy list was obtained from the client's PCP. Allergies are listed on client's Face Sheet and Service Plan and filed in client's folder	9/7/17	The home shall make sure to obtain and file all necessary documents in client's folder to prevent recurrence of deficiency in the future.
52(c)(2)	A written order from client's PCP for the use of a restraint obtained and filed in client's folder.	9/8/17	The home shall obtain MD order for restraint and file in client's folder document to prevent recurrence of deficiency in the future.
52(c)(2)	The CPR order is listed in client's Service Plan and filed in client's folder.	9/8/17	The home shall make sure to read client's Service Plan and make sure all necessary documents are filled to prevent recurrence of deficiency in the future.

Primary Caregiver's Signature: Marissa Roman

Print Name: Marissa Roman

Date of Signature: 9/18/17