

Foster Family Home - Corrective Action Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, NA

Review ID: 1-150003-3

1703 Kamehameha IV Road

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 11/9/2017

End Date: 12/13/2017

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 client CCFH certification survey. A corrective action report was issued during the visit with all required items due to CTA by 12/9/2017.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1)

7.1(a)(2)-No APS/CAN/Fingerprinting present in home's record for HHM #4 and #5.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)- No record of TB clearance present for HHM#4 and HHM#5 .

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52(c)(5) -A medication is labeled correctly and matches the MD's order but the Medication Administration Record does not match for client #1.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

11/9/17
Date


11/9/17
Date

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

CCFFH Name: **Emelita Laurente**

CCFFH Address: **1703 Kamehameha IV Road, Honolulu, HI 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	HHM #4 and #5 completed their fingerprinting.	HHM #4 on 11/17/17 HHM#5 on 11/21/17	This caregiver will monitor fingerprinting due dates for all household members through written reminders in my notebook and a calendar.
41(f)(1)	HHMs #3, #4, #5 are up to date with their TB clearances and their results are in my folder.	11/13/17 10/22/17 12/06/17	This caregiver will monitor TB clearance for all household members through written reminders in my notebook and calendar.
52(c)(5)	Case management agency had been notified and medication log was corrected for client #1.	11/12/17	This caregiver will review all medications in log for all clients and will ensure the doctor's prescription, medication labels and medication logs are matched. I will notify my casemanager if there are differences before giving the medication to the client.

Primary Caregiver's Signature: 

Print Name: Emelita Laurente

Date of Signature: 12/13/17