

# Foster Family Home - Corrective Action Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-4

94-215 Keaukaha Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 10/25/2017

End Date: 11/21/2017

## 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 CCFFH requesting to increase from a 2 client to 3 client home. A corrective action report was issued with all items due to CTA by 11/8/2017.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

Comment:

41(b)(4)-No disclosure form present for CG#4.

## Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

Comment:

46(d)(1)-No MD order present for restraint reflected in Client #1's service plan.

## Foster Family Home Records [17-1454-52]

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

Comment:

52(c)(2)-No legal representative signature present on the current service plan dated 8/22/17.

*Carrie Wakai*

Compliance Manager

*Josephine E. Tabucbuc*

Primary Care Giver

*10/25/17*

Date

*10/25/17*

Date

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

CCFFH Name: Josephine E Tabucbuc  
 CCFFH Address: 94-215 Keaukaha Place Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.B .4	CG #4 Completed disclosure form and it was placed in the home record.	10/31/17	I will make sure every caregiver has a disclosure form.
46.D.1	MD order for restraint for client #1 was obtained and is in the client's folder.	10/27/17	I will make sure there is a doctor's order for used of restraints on clients as stated in the service plan.
52.C.2	Authorized signature was obtained on the service plan for client #1 and it was placed in the client's record.	10/31/17	The home will obtain authorized signatures on all service plans within a week of getting the service plan.

Primary Caregiver's Signature: Josephine E. Tabucbuc  
 Print Name: JOSEPHINE E. TABUCBUC Date of Signature: 11/21/17