

Foster Family Home - Corrective Action Report

Provider ID: 1-560161

Home Name: Carolina Eala, CNA

Review ID: 1-560161-6

94-1403 Hiapo Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 11/3/2017

End Date: 01/03/2018

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 person CCFFH requesting to increase to 3 person recertification survey. Corrective action report was issued during the visit with a corrective action plan due to CTA by 12/3/2017.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-Nursing delegation of SCG #3 for client #2 absent in the home's folder.

Carrie Wakai
Compliance Manager

Carolina C. Eala
Primary Care Giver

11/3/2017
Date

Nov. 3, 2017
Date

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

CCFFH Name: Carolina C. Eala

CCFFH Address: 94-1403 Hiapo St., Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43 (c) (3)	RN. of Blue Water did the delegation of SCG #3 for client #2. It was placed into client record.	12/29/17	Home will notify client's CMA that RN delegation needs to be done within 3 days of a caregiver being added to the home.

Primary Caregiver's Signature: Carolina C. Eala

Print Name: Carolina C. Eala

Date of Signature: 12/29/2017