

Foster Family Home - Corrective Action Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-6

91-107 Haiea Place

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 12/14/2017

End Date: 01/01/2018

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 3 person CCFFH recertification survey. A corrective action report was issued during the visit with all required items due to CTA by 1/14/2018.

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

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41(3P)(b)(2)-Client sign-out form not present to reflect the months of March-August 2017 that the primary caregiver was absent from the home.

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;

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

Comment:

52(c)(2)-No authorized signature present on the current service plan of client #1 and client #2.

52(c)(5)-Medication instruction discrepancy present on one of client #1's medication.

Carrie Wakai
Compliance Manager

12/14/17
Date

Greta Gamalog
Primary Care Giver

12/14/17
Date

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

CCFFH Name: Greta Gamalog
 CCFFH Address: 91-107 Haiea Place, Ewa Beach HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(3P) (b)(2)	Lapse cannot be corrected. The Caregiver will complete the weekly sign out sheet as per the instruction and maintain them in a folder.	12/14/17	From now on, I will complete the sign out sheet whenever I leave the house and I have an approved SCG to cover for my absence.
52.(c)(2)	The Caregiver reminded of the authorized representative to sign the service plan and also inform the C.M.	12/31/17	The Caregiver will arrange the family or authorized representative to contact the C.M if there are questions related to the service plan that prevents them from signing it.
52(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on clients Medication Administration Record.	12/20/17	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and / or doctor if they are different.

Primary Caregiver's Signature: Greta Gamalog

Print Name: GRETA GAMALOG Date of Signature: 01-01-2018