

# Foster Family Home - Corrective Action Report

Provider ID: 1-100098

Home Name: Chieko Riccio, CNA

134 Hoopiha Place

Wahiawa

HI 96786

Review ID: 1-100098-7

Reviewer: Sue Lo

Begin Date: 12/27/2017

End Date: 1/3/2018

## 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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/27/2018

## 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) Lapsed on eCrim due on/before 7/3/17 was done on 7/29/17 for CG#1.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect due on/before 8/11/15 was done on 10/6/17 for CG#1.

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

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:


45.(b)(2) Documentation to conduct fire drill not present in the home for CG#3.

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


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

Comment:

52.(c)(5) One of Client #1's medication did not match with the doctor's orders, pharmacy Rx label, and Client's 1's Medication Administrative Records.

  
\_\_\_\_\_  
Compliance Manager

12/27/2017  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

12/27/17  
\_\_\_\_\_  
Date

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

CCFFH Name: Chieko Riccio

CCFFH Address: 134 Hoopiha Pl. Waihiwa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) and 7.1.(a)(2)	Lapse can not be redone	12/23/17	I realized how important background are.  I use iPhone now to input all requirements to remind me to renew before expiration date.
45.(b)(2)	CG#3 conducted fire drill	12/23/17	From now on PCG will train all CG How to conduct fire drill.
52(c)(5)	case manager RN corrected Client #1 medication Administrative Records	12/23/17	I will make sure to tell Case manager RN when documentation will not match. When I find the mistake

Primary Caregiver's Signature: 

Print Name: CHIEKO RICCIO

Date of Signature: 12/29/17