

Foster Family Home - Corrective Action Report

Provider ID: 1-100030

Home Name: Resurreccion Buan, CNA

Review ID: 1-100030-10

91-1044 Uouoa St

Reviewer: Carrie Wakai

Ewa Beach

HI 96706

Begin Date: 12/8/2017

End Date: 12/15/2017

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 3 bed recertification survey. Corrective action report was issued during the visit with a corrective action plan due to CTA by 1/08/2018.

Foster Family Home

Background Checks

[17-1454-7.1]

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.2- No current APS/CAN for CG#3-last done 10/17/15.

Foster Family Home

Records

[17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52(c)(6)-Daily check list and vital signs were not documented in client #2's administrative record. Information kept in a separate notebook.

Carrie Wakai
Compliance Manager

12/8/17
Date

Resurreccion B. Buan
Primary Care Giver

12/8/17
Date

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

CCFFH Name: **Resurreccion Buan**

CCFFH Address: **91-1044 Uouoa Street, Ewa Beach, HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	APS/CAN for SCG #3 was done and results were filed.	12/11/17	Home will use a calendar to identify when requirements are due to allow time to get them done before they expire.
52.c.6	Daily check list and vital signs of client #2's were transferred from the notebook to the client's administrative record.	12/09/17	Home's SCGs and PCG will maintain a clipboard using the daily check list and vital sign flow sheets from the administrative record. The PCG will check the flow sheets for completion at the end of each day.

Primary Caregiver's Signature: Resurreccion B. Buan

Print Name: RESURRECCION BUAN Date of Signature: 12/15/18