

Foster Family Home - Corrective Action Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-7

94-1062 Lumikula Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 2/22/2018

End Date: 2/27/2018

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 corrective action plan due to CTA by 3/22/2018.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-TB clearance lapsed for CG #1 due 9/13/17, done 12/25/17; CG #2 due 10/1/17, done 12/29/17 and HHM#1 due 8/20/17, done 12/23/17.

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)(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)(2)-Updated Service plan for Client #3 not present in chart. Due 12/19/2017.

52(c)(6)-RN visit notes not present in record for Dec. 2017 and Jan. 2018.

Carrie Wakai RN
Compliance Manager

02-22-18
Date

Fe A. Manera
Primary Care Giver

02-22-18
Date

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

CCFFH Name: **Fe Manera**

CCFFH Address: **94-1062 Lumikula St. Waipahu, HI**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	TB clearance lapsed for CG#1, CG#2 and HHM#1. It cannot be corrected.	2/22/18	Caregiver will keep a reminder note of TB clearance due date in my folder. I will make an appointment with the Dr. to do the clearance a month ahead of due date.
52(c)(2)	Contacted casemanagement to inform them the service plan for client #3 needed to be updated.		Caregiver will keep a reminder note of next service plan due date and remind the RN casemanager.
52(c)(6)	Contacted casemanagement to inform them the RN visit note for Dec. 2017 and Jan. 2018 was not in my folder.		Caregiver will remind the new RN casemanager during the monthly visits of missing RN notes.

Primary Caregiver's Signature: Fe A. Manera

Print Name: Fe A. Manera

Date of Signature: 2-26-18