Foster Family Home - Corrective Action Report

Provider ID: 1-160024

Home Name: Mark Jara, CNA
94-1087 Kahaulua St
Waipahu HI 96797

Review ID: 1-160024-4
Reviewer: Carrie Wakai
Begin Date: 2/9/2018 End Date: 3/11/2018

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 an increase from 2 to 3 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 2/23/18.

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) & 7.1(a)(2)- APS/CAN/Fingerprinting lapsed on CG#2, was due on or before 2/8/17 and done 2/13/17; CG#5 was due on or before 7/19/17 and was done 12/6/17.

Foster Family Home **Physical Environment** **[17-1454-48]**

48.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.

Comment:

48(d)(2)-Connecting doorway to the upstairs dwelling, exists in the home where there is a separate household.

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

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

Comment:

52(c)(5)-Medication administration record differs from Dr.'s orders and medication label for client #1.

Carrie Wakai
Compliance Manager — Date: 2/09/2018

Primary Care Giver — Date: 2-9-2018

2/9/2018 18:50 PM

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

CCFFH Name: Mark Jara CCFFH

CCFFH Address: 94-1087 Kuhaulua St. Waipahu, Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1	Lapse cannot be corrected	02/13/17	Home understand the criminal history record check requirements. Home will use cellphone calendar and calendar to hang in the wall to input all due dates to prevent any future lapses.
7.1.a.2	Lapse cannot be corrected	12/06/17	Home understand the adult protective service perpetrator check requirements. Home will use cellphone calendar and calendar to hang in the to input all due dates to prevent any future lapses.
52.c.5	Medication discrepancy was corrected by client's CMA, MD, and CG#1 on clients Medication Administration Record.	02/09/18	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 or Doctor if they are different.
48.d.2	Connecting doorway to the	02/09/18	

Primary Caregiver's Signature: mjara

Print Name: Mark Louie Jara

Date of Signature: 3/11/18

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

CCFFH Name: Mark Jara CCFFH

CCFFH Address: 94-1087 Kuhaulua St. Waipahu, Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.d.2	Connecting doorway to the upstairs dwelling exists in home where there is a separate household. Household HHM# 3 and 4 had done their APS, CAN, Fingerprints on 03-19-2018. And TB clearance.	03/11/18 03/19/18 03/12/18	The upstairs tenant will considered household member. The connecting doorway that goes upstairs will open and CG#1 will use baby gate in order for the upstairs tenant have two fire exit. Home will use cellphone calendar and calendar to hang in the input all due dates to prevent any future lapses.

Primary Caregiver's Signature: mjara

Print Name: Mark ouie Jara

Date of Signature: 03/11/18