

# Foster Family Home - Corrective Action Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-7

1808 Beckley Street

Reviewer: Carrie Wakai

Honolulu

HI 96819

Begin Date: 5/17/2018

End Date:

5/22/2018

## 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 client CCFFH recertification survey. A Corrective Action Report was issued during the home visit with a Corrective Action Plan due to CTA by 6/17/2018.

## 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)-No MD signature on CG#2's 2018 TB clearance form.

## Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(2) Reflected in the client's service plan; and

Comment:

46(d)(2)-No MD order for use of physical restraint present in the folder for client #3.

Carrie Wakai RN  
Compliance Manager

Jm  
Primary Care Giver

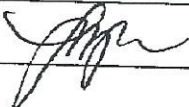
5-17-18  
Date

5-17-18  
Date

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

CCFFH Name: Fely Barayuga  
 CCFFH Address: 1808 Beckley St. Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	Met with SGCs/HHMs and discussed the importance of MD/RN signature on the TB clearance form	5/21/18	Home created a tickler monitoring to prevent this from happening again
46(d)(2)	Met with CM/RN (client#3) discussed the importance of having MD order for use of physical restraint consistent with client's service plan	5/21/18	Home created a tickler monitoring to prevent this from happening again

Primary Caregiver's Signature: 

Print Name: Fely Barayuga

Date of Signature: 5/21/2018