

Foster Family Home - Corrective Action Report

Provider ID: 1-160068

Home Name: Rubyllyn Fiesta, NA

94-1344 Hiapo Place

Waipahu

HI 96797

Review ID: 1-160068-4

Reviewer: Carrie Wakai

Begin Date: 5/11/2018

End Date: 5/13/2018

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 CCFH certification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 6/11/18.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41(e)-No CTA approval form for SCG #3 present in the home's folder.

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

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a)- No documentation of fire drill conducted by CG#2.

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)-Documentation of monthly RN visits for Feb. and March 2018 are not present in the home's folder.

Carrie Wakai
Compliance Manager

Rubyllyn Fiesta
Primary Care Giver

5-11-2018
Date

5-11-2018
Date

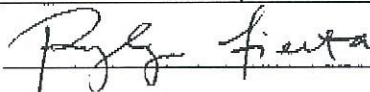
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Rubylyn P. Fiesta

CCFFH Address: 94-1344 Hlapo Place, Waipahu, Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(e)	Obtained CTA approval form for SCG #3. It was placed into the home record binder.	5/11/18	Home will make sure every individual caregivers to have a proper documentations into the home binder & not remove them.
45.(a)	Fire drill was done by SCG #2. Form has been put into home binder.	5/12/18	Fire drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator.
52.(c) (6)	Contacted Case Management in regards of Feb. and March 2018 nursing notes.	5/11/18	During CMA visit Home will assure that monthly nursing notes will be place on clients binder before RN leaves the Home.

Primary Caregiver's Signature: _____


Print Name: Rubylyn P. FiestaDate of Signature: 5/13/2018