

# Foster Family Home - Corrective Action Report

Provider ID: 1-120033

Home Name: Faatu Ripley, CNA

91-588 Pohakupuna Road

Ewa Beach HI 96706

Review ID: 1-120033-8

Reviewer: Carrie Wakai

Begin Date: 2/21/2018

End Date: 8/28/18

## 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 CCFH recertification survey. A corrective action report was issued with all required items due to CTA by 3/2/2018.

## 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)-Current E-Crim not present for CG#1 and Fieldprint Exemption required for CG#1. No 2nd fingerprinting and current exemption present for background check requirement done 4/26/17 on CG#2.

## Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No SCG delegations documented for clients #1-#3.

## 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;

Comment:

52(c)(2)-No authorization signatures on the service plan present on CG#1-#3.

*Carrie Wakai*  
 Compliance Manager

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*Faatu Ripley*  
 Primary Care Giver

*2/21/18*  
 Date

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*9/24/18*  
 Date

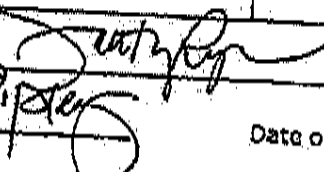
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Faatu Ripley

CCFFH Address: 91-588 Pohakupuna Rd Ewa Beach, HI 96706

| Rule Number              | Corrective Action Taken  | Date Corrected | Prevention Strategy  |
|--------------------------|--|----------------|--|
| 7.1.(a)(1)<br>7.1.(a)(2) | Lapse Cannot be Corrected  | 2/22/18        | Home understands the background ok requirements. Will use calendar on iPhone to input all due dates to prevent from any future lapse.  |
| 43.(c)(3)                | SCG Delegation was done by clients CMA. It was placed into clients records | 2/27/18        | Home will notify clients CMA that SCG delegation needs to be performed within 30 days of a caregiver being added to the home. Home developed a calendar in front of binder with all due dates. |
| ca.(d)(2)                | Authorization Signatures on the Corrective plan done.                      | 2/27/18        | Home will notify CMA for Authorization Signature.  |

Primary Caregiver's Signature:



Print Name:

Faatu Ripley

Date of Signature:

6/19/18