

# Foster Family Home - Corrective Action Report

Provider ID: 1-110053

Home Name: Jesusa Ramos, CNA

Review ID: 1-110053-9

94-722 Loaa Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/4/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection made for a 3 bed recertification survey. Corrective action report issued with a written plan of correction due to CTA by 4/4/19.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 No second fingerprinting present for CG#2

## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.b.7 CG#2 TB clearance expired 3/5/2019.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

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

Comment:

47.d 1-2. Client #2 has a safety belt in the narrative of his service plan, it is not checked on page 8 of the service plan and there is no order.

Client #3 side rails and safety belt is in the narrative of the service plan, not checked on page 11 and there are no orders present.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.c.1 Client #1 vital information sheet has no code status checked, it says there is a POLST but there is POLST in record., Client #3 has full code status checked on vital information sheet, POLST states DNR.

54.c.2 There is no signature of client or representative on Client #3's service plan dated 11/27/18. There is an order for a trapeze, it is not included in service plan.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/24/2019  
Date

3/4/19  
Date

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

CCFFH Name: JESUSA RAMOS CCFFH  
CCFFH Address: 94-722 Loaa St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Second finger printing for CG#2 was obtained and placed into home record.	3/27/19	Home will use spreadsheets from CTA website to identify requirements and allow to get it done before they are due.
41.b.7	TB clearance was obtained for CG#2 and was placed into home record.	3/27/19	Home will use calendar reminder on phone to remind caregiver on due date of the clearance to prevent future lapse.

Primary Caregiver's Signature: \_\_\_\_\_



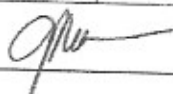
Print Name: JESUSA RAMOS

Date of Signature: 4/2/19

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

CCFFH Name: JESUSA RAMOS CCFFH  
 CCFFH Address: 94-722 Loaa St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.d1-2	MD Order was obtain for client#2 for safety belt and page 8 of the service plan was corrected.	3/27/19	To make sure every-time if narrative of service plan is checked for safety belt always check that there is an md order and service plan section for safety belt is also updated and checked.
	MD Order was obtained for client#3 for safety belt and side rails and page 11 of service plan was checked.	3/27/19	To make sure every-time if narrative of service plan is checked for safety belt and side rails always check that there is an md order and service plan section for safety belt and side rail is also updated and checked.

Primary Caregiver's Signature:   
 Print Name: JESUSA RAMOS Date of Signature: 4/2/19

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
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CCFFH Name: JESUSA RAMOS CCFFH  
 CCFFH Address: 94-722 Loaa st. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.1	Client #1POLST was obtained and filed in the home record.	3/27/19	PCG will always check and coordinate with CMA or RN-CM obtaining the updated documents such as POLST vital information sheet and ensure that it is filed in the home record.
54.c.2	Representatives signatures obtained and service plan was updated by RN-CM .	3/27/19	PCG will always check that service plan is always updated by RN-CM and ensure that all the signatures in the service plan is complete every annual service plan update.

Primary Caregiver's Signature: \_\_\_\_\_



Print Name: JESUSA RAMOS

Date of Signature: 4/2/19