Foster Family Home - Corrective Action Report

Provider ID:	**1-090095**		
Home Name:	**Mary Fe Ricana, CNA**	**Review ID:**	**1-090095-7**
91-1036 Puhipaka Street		Reviewer:	Lisa Johnson
Ewa Beach HI 96701		Begin Date:	4/8/2019

Foster Family Home **Information Confidentiality** **[11-800-16]**

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 CG# 4 has not signed a Confidentiality/ privacy rights training.

Foster Family Home **Client Care and Services** **[11-800-43]**

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 16-89-100.

Comment:

43.c.3 CG# 4 is not listed on RN delegations on either clients.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.e CG# 1,2,3 or 5 do not have any proof of training or special instructions in binder on special feeding, thickening, provided by case management.

Foster Family Home **Insurance Requirements** **[11-800-51]**

51.(a)(1) General;

Comment:

51.a.1 CG#4 is not listed on the liability Insurance.

Compliance Manager — Date: 4/8/2019

Primary Care Giver — Date: 4/8/2019

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

CCFFH Name: Mary Fe Ricana

CCFFH Address: 91-1036 Puhipaka St. Ewa Beach Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
51.(a)(1)	SCG#4 was added to the General Liability Insurance.	04.16.2019	When adding SCG's,will always remember to add them on the general liability insurance ASAP.

Primary Caregiver's Signature: MRica

Print Name: Mary Fe Ricana

Date of Signature: 04.16.2019

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

CCFFH Name: MARY FE RICANA
CCFFH Address: 91-1036 Puhipaka St. Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.b.5	CG #4 was trained on Confidentiality and signed the form. PCG will place it in the home administrative binder.	5.5.19	In the future, all new caregivers and household members will recieve this training within 2-3 days of being added to the home.

Primary Caregiver's Signature: MRicana

Print Name: MARY FE RICANA Date of Signature: 5.5.19

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

CCFFH Name: MARY FE RICANA
CCFFH Address: 91-1036 Puhipaka St. Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.C.3	RN delegations were done for CG#4 by clients CMA. And it is placed into the Client record binder.	5.5.19	PCG will notify the clients CMA that RN delegations needs to be performed within 2-3 days of a caregiver being added to the home. Home has made a Calendar to prevent this from happening in the future.

Primary Caregiver's Signature: [signature]

Print Name: MARY FE RICANA Date of Signature: 5.5.19

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

CCFFH Name: MARY FE RICANA
CCFFH Address: 91-1036 Puhipaka st. Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47. e	Training on special feeding, was done for PCG and all SCG's	5.5.19	Home will notify the clients CMA that RN delegations needs to be performed within 2-3 days of a caregiver being added to the home. Home has made a Calendar to prevent this from happening in the future.

Primary Caregiver's Signature: Mica

Print Name: MARY FE RICANA Date of Signature: 5.5.19