

Foster Family Home - Corrective Action Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA

Review ID: 1-594665-6

91-871 Halalii Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 6/13/2019

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

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/15/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

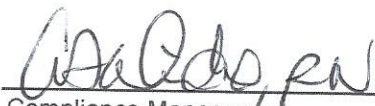
49.(a)(1) - Non-skid mat in client bathroom not present.

Foster Family Home Records [11-800-54]

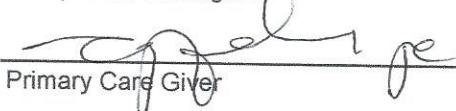
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medication discrepancy for Client#2: one medication label did not match medication administration record.



Compliance Manager



Primary Care Giver

6/13/19

Date

6/13/19

Date

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

CCFFH Name: Connie Felipe

CCFFH Address: 91-871 Halalii St., Ewa Beach 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.(a)(1)	Purchased a non-skid mat for client bathtub.	6/15/19	I will always have a non-skid mat in the client's bathtub.
54.(c)(5)	CMA #2 sent new medication administration record to match medication label for client #2.	6/20/19	I will check the medication administration record with the medication bottles everyday.

Primary Caregiver's Signature: 

Print Name: CONNIE FELIPE

Date of Signature: 07/27/19