Foster Family Home - Corrective Action Report

Provider ID: **1-595457**

Home Name: **Maricris Rodriguez, CNA**

91-1003 Opaehuna Street

Ewa Beach HI 96706

Review ID: **1-595457-6**

Reviewer: Julie Hastings

Begin Date: 2/12/2020

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

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

Comment:

6.d.1 - Annual inspection conducted for this 2 bed home. A corrective action report (CAR)was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/13/2020.

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)
CG#2 requires an exemption. PCG has requested from Fieldprint and is awaiting the exemption letter.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)
No Medication side effects for Client #1

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

51.(a)(1) General;

Comment:

51.(a)(1)
CG#3 not on liability insurance.

Julie A Hastings BSN, RN
Compliance Manager

2/12/2020
Date

Primary Care Giver

2/12/2020
Date

2/12/2020 22:16 PM

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

CCFFH Name: Mari Cris Rodriguez
CCFFH Address: 91-1003 Opachura St EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.9.1	CG2 has now an exemption in chart	2/14/20	Home knows that exemption will continue to be required. Exemption will continue to be requested for 10 years.
47C	Client #1 Medication side effects are now in binder	2/12/20	all new medication for all clients will have side effects in binder.
51.9.1	CG3 now on liability Insurance	2/12/20	all caregivers will be required to be on liability Insurance within 1 month or prior.

Primary Caregiver's Signature: Rodriguez

Print Name: Mari Cris Rodriguez

Date of Signature: 2/14/20