

Foster Family Home - Corrective Action Report

Provider ID: 1-110053

Home Name: Jesusa Ramos, CNA

94-722 Loaa Street

Waipahu

HI 96797

Review ID: 1-110053-10

Reviewer: Maribel Nakamine

Begin Date: 2/18/2020

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 completed.

Corrective Action Report issued during home inspection with all items due to CTA by 3/18/2020.

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

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)- No RN delegations for Client #1's use of [REDACTED] as needed for CG#1, CG#2, CG#3, CG#4, CG#5 and CG#6. For Client #3, there was no RN delegation noted for [REDACTED] Care for CG#1, CG#2, CG#3, CG#4, CG#5 and CG#6.


Compliance Manager


Primary Care Giver

Date

2/18/2020

Date

2/18/2020

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

CCFFH Name: **Jesusa L. Ramos**

CCFFH Address: **94-722 Loaa St. waipahu hi.96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.3	Client #1 Caregiver already notified CMA & RN Delegation for CG-1,CG-2,CG-3,CG-4,CG-5 is complied with as of 02/19/20 . Client #3 RN Delegation for [REDACTED] CG-1,CG-2,CG-3,CG-4,CG-5 is done as of 02/19/20 .	02/19/20	Home will alert or tell CMA that RN delegation be performed immediately and caregiver will develop a calendar in the front of the personal binder as a reminder with all the due date.

Primary Caregiver's Signature: 

Print Name: Jesusa L. Ramos

Date of Signature: 2/19/20