

Foster Family Home - Corrective Action Report

Provider ID: 1-120033

Home Name: Faatu Ripley, CNA

91-588 Pohakupuna Road

Ewa Beach

HI 96706

Review ID: 1-120033-11

Reviewer: Jackie Chamberlain

Begin Date: 2/10/2020

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

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

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

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

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

16.(b)(1) No confidentiality/privacy training present for household members # 5

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 Client # 1 -No RN delegation present for CG#2 and no delegation for any caregiver on PRN medication administration

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no grab bars around toilet area in the client bathroom

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) daily visiting hours posted were limited. Under the My Choice My Way and new federal rules clients have right to 24/7 visitation hours

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.c.5 client #1 - no medication administration record present since September 2019

A. Chamberlain, Esq.
Compliance Manager

[Signature]
Primary Care Giver

2/10/2020
Date

2/10/2020
Date

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

CCFFH Name: **Faatu Ripley**

CCFFH Address: **91-588 pohakupuna rd Ewa beach Hi 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(1)	Confidentiality/privacy training for household #5 completed.	02/11/2020	Household #5 have signed documents and kept in binder.
43.(c)(3)	Delegation for CG#2 and any caregiver on PRN medication was completed with Case manager RN on Feb 14th.	02/14/2020	CG#2 and any caregiver have signed all the required documents and kept in binder.
49.(a)(2)	I put a 3 in 1 commode around the toilet.	02/12/2020	I will always make sure to have the 3 in 1 commode around the toilet.
53.(b)(15)	Visiting hours unlimited posted.	02/11/2020	I have posted visiting hours 24/7 on the board.
54.(c)(5)	Client#1 medication schedule checklist completed.	02/14/2020	Client#1 medication checklist completed and kept in binder.

Primary Caregiver's Signature: _____

Print Name: Faatu Ripley

Date of Signature: 02/19/2020