Foster Family Home - Corrective Action Report

Provider ID: 4-100004

Home Name: Christopher Ulep, CNA

360 Hilu Place

Kahului   HI   96732

Review ID: 4-100004-7

Reviewer: Terri Van Houten

Begin Date: 7/7/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 8/7/20.

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) SCG #4 eCrim due for renewal 4/24/17 expired
SCG #5 eCrim due for renewal 6/15/17, expired

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire

(3P)(b)(6) Fire   shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire- Name of care giver conducting fire drills is not documented on the records

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

51.(a)(1)   General;

Comment:

51.(a)(1) Current liability insurance expired 11/30/2019

Foster Family Home	Fiscal Requirements	[11-800-52]

52.(b)   The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) Financial statements exist through June 2018.

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

53.(b)(9)   Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) Client #1 and Client # 3 in a shared room. Room does not have doors that can be locked. (Slider style doors).

Foster Family Home	Records	[11-800-54]

54.(c)(6)   Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6) All three clients did not have documented evidence of daily care provided in the beginning of July.

_____   7/7/20
Compliance Manager   Date

Mayena S. Capuz   7/2/20
Primary Care Giver   Date

7/8/2020 1:48 AM

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Christopher Ulep

(PLEASE PRINT)

CCFFH Address: 360 Hilu Place Kahului 96732

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Renewed, SCG #4 & #5 July 14, 2020	7-14-20	I will make sure to put a reminder to my calendar to renew before it expires.
3P(b)(6)	Copies of recorded fire drills was in the chart dated: 1-10-20, 2-05-20, 5-3-20, 6-10-20, and was documented by the SCG.	7-8-20	I will make sure to make SCG do a fire drill at least ones a year or more.
51(a)(1)	The current copy was filed in a different chart.	7-8-20	The current copy is already in a correct chart. will make sure to check dates to ensure it is places in the right chart.
52(b)	The rest of the records are log in my computer	7-8-20	I will ensure to print a copy and put in the chart for a record.
53(b)(9)	Shared room locked are installed and will attach pictures for proof.	7-11-20	Lockes are installed. Will make sre that patients right to privacy are always our priority.
54(c)(6)	SCG charted Daily Med Log	7-7-20	I will see to it that will chart daily for the flowsheets and progress notes.

☑ All items that were fixed are attached to this CAP

PCG's Signature: _____ Date: 8-18-20

☒ CTA has reviewed all corrected items