

Foster Family Home - Corrective Action Report

Provider ID: 1-626517

Home Name: Carolina Alhambra, CNA

91-1009 Pa Street

Ewa Beach

HI 96706

Review ID: 1-626517-9

Reviewer: Jackie Chamberlain

Begin Date: 10/13/2020

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 annual inspection. corrective action required to CTA within 30 days

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

(8.a.2) APS/CAN checks have lapsed for CG # 1

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.b.6 wheelchair ramp at front door does not meet building codes. The incline is too steep and in poor condition. There is second wheelchair exit although currently items are blocking a clear path

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

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

Comment:

53.(b)(15) visiting hours state limited to 10-6. Per "My choice my way" visiting hours cannot be restricted

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.c.5 Medication discrepancy for client #1 – 1 medication prescription label did not match medication administration record.

client # 1 [redacted] prescription label states [redacted] medication administration record states 20mg every day
CLIENT 1, 2 AND 3 MAR not signed since 10/03/2020

A Chamberlain RA
Compliance Manager

CCB
Primary Care Giver

10/13/2020
Date

10/13/20
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN


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

PCG's Name on CCFFH Certificate: CAROLINA ALHAMBRA
(PLEASE PRINT)

CCFFH Address: 91-1009 Pt ST. EWA BEACH, HI 96706
(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?
90(a)	APS/CAN not expired yet It was misplaced only. anyhow obtain a new one for CG #1. It was place into home record	10-21-20	Make sure to put in the right binder
41.b.6	Wheelchair ramp @ front door was fixed	10-18-20	Have it fixed by concrete workers permanently.
53(b)(1)(c)	Visiting hours was revised to 24 hrs.	10-15-20	Visiting hours no restriction
54(c)(5)	medication discrepancy for client record was corrected by CMA	10-13-20	make sure check the medication administration record + the bottle both match before giving. Make sure to sign the MAR every day after giving the medication consistency and diligently.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11-5-20

CTA has reviewed all corrected items