

Foster Family Home - Corrective Action Report

Provider ID: 1-563230

Home Name: Consolacion Lapitan, LPN

1452 Alani Street

Honolulu

HI 96817

Review ID: 1-563230-10

Reviewer: Pamela Perry

Begin Date: 5/28/2020

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 visit made on 5/29/20 for a 2bed CCFFH Annual Inspection. Corrective Action Report Issued. All items due back to CTA by 6/29/20.

Foster Family Home Application [11-800-7]

7.(b)(1)(B) Documentation to verify that the primary caregiver is a resident in the home that is to be a community care foster family home and is a NA, a LPN, or a RN with at least one year of experience in a home setting;

Comment:

7.(b)(1)(B)- CG#1 LPN License lapse 6/30/2019.

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;

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

Comment:

8.(a)(1)- eCrim lapse CG#1 from 1/4/18; HHM#1 lapse 1/2/18.


8.(a)(2)- APS/CAN lapse CG#1 1/2/18; HHM#1 lapse 1/4/18.

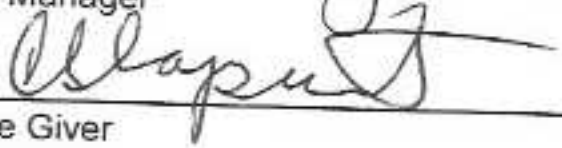
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication Administration Record last signed 4/15/19.


Compliance Manager


Primary Care Giver

5/28/20
Date

5/28/20
Date

CTA RN Compliance Manager: Pamela Perry, RN

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

PCG's Name on CCFFH Certificate: Consolacion Lapitan

(PLEASE PRINT)

CCFFH Address: 1452 Alani St., Honolulu HI 96819

(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? |
|-------------|--|-------------------------------|--|
| 7.(b)(1)(B) | I got my curent LPN License <i>AND ABS/KAM</i> | 5/30/20 | I will the expirations dates for licenses, and eCrim for all CG's HHM's on my phone calendar and place reminders in my binder. |
| 8.(a)(1) | eCrim for CG #1 and HHM #1 obtained and put in my binder. | | |
| 54.(c) 5) | Medication Administration Records signed up to date. | 5/28/20 | I will sign the Medication Administration Record after i give the medication. |

All items that were fixed are attached to this CAP

PCG's Signature: *Consolacion Lapitan*

Date: 5/30/20

CTA has reviewed all corrected items