

Foster Family Home - Corrective Action Report

Provider ID: 1-160042

Home Name: Jamaica Dalope, CNA

Review ID: 1-160042-5

94-524 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/23/2020

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

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

Comment:

Annual visit to a 2 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 5/23/2020.

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

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), (2)- APS/CAN for CG#1 lapsed on 1/8/19 and renewed on 1/11/19; Ecrim lapsed on 1/7/19 and renewed on 1/15/19. CG#2's APS/CAN lapsed on 8/1/18 and renewed on 1/11/19; Ecrim lapsed on 8/1/18 and renewed on 1/15/19. CG#3's APS/CAN/Fingerprint lapsed on 8/14/19 and no renewal seen in home binder.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate.

Comment:

49.(a)(4)- Two emergency exit doors - one located in the hallway and the other door is located in the living room are obstructed with a table lamp, coffee table, household items, etc.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2. Both clients were without Medication Administration Records started for the month of April 2020 in each client's binders. For the month of March 2020- last signed date was on March 27, 2020 for both Client #1 and Client #2's Medication Administration Records.

Maribel Nakamine, RN

Compliance Manager

4/23/2020

Date

[Signature]

Primary Care Giver

4/23/2020

Date

CTA RN Compliance Manager: MARIBEL NAKAMINE


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

PCG's Name on CCFFH Certificate: JAMAICA S. DALOPE
(PLEASE PRINT)

CCFFH Address: 94-524 KOALEO STREET WAIPAHU, HI, 96797
(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?
41.(b) (7)	CG#1 showed CTA Compliance Manager the current APS,CAN,Ecrim for CG#1 and CG#2.Results were in the home binder. CG#4 obtained a current APS/CAN Fingerprint.Result is greenlight determination.Document was filed in home binder.	4/29/20	CG#1 and CG#2 will utilize an iphone calendar to schedule due date alerts 2-3 months in advance to prevent future lapses.
49.(a) (4)	Two emergency exit doors one located in the hallway and one located in the living room gave gotten cleared and took picture snd showed to Compliance Manager.	4/29/20	CG#1 instructed all care givers to always keep emergency exits inside and outside free of obstructions.
54.(c) (5)	Medication discrepancies Client#1 and client #2 MAR for the month of March and April were signed by CG#1. MARs were placed in the clients chart/binder	4/29/20	CG#1 and all caregivers will follow proper procedures in administering and signing medications after administering them.

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 4/29/20

CTA has reviewed all corrected items