

# Foster Family Home - Corrective Action Report

Provider ID: 1-170084

Home Name: Jane Ramos, CNA

Review ID: 1-170084-5

91-1012 Ikuani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/15/2020

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

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

Comment:

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

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) The property is a single family home per DPP parcel information. The PCG is renting part of the home, per contract 3 bedroom, 2 bathroom. With 3 adult household members and 2 children there is not adequate space for the adults and minor HHM, and 3 clients. The recreational and eating spaces are both listed on the parcel as "open carport" space. There is no wheelchair access to this space without exiting outside from the clients rooms.

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(b)(1) Env. the room must be at least 90 square feet

(3P)(c)(1) Env. the room must be at least 60 square feet

Comment:

(3P)(b)(1) Env. There is no indoor common living area accessible to the clients

(3P)(c)(1) Env. There is no indoor dining area accessible to the clients

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50 e The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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

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

Comment:

53.(b)(15) The client room reserved for a private client does not have a doorknob with a lock for privacy. Currently an adult family member is using this room (and must vacate before a client is accepted)

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

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

Comment:

54.c.5 Medication discrepancy for client #1 – 3 medication prescription label for topical medications did not match medication administration record and / or signed MD orders. The medication administration record has not been signed since 10/22/20 AM doses.

A Chamberlain RN  
Compliance Manager

V J B J  
Primary Care Giver

10/23/2020  
Date

10/23/2020  
Date

CTA RN Compliance Manager: 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: JANE RAMOS  
*(PLEASE PRINT)*

CCFFH Address: 91-1012 IKULANI STREET, 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?
6.(d)(1)	I CORRECT ALL MY FAULTS WITHIN 30 DAYS	11/04/2020	I WILL REVIEW ALL THE REGULATIONS
12.(4)	IM RENTING 4 BEDROOM, AND DECREASE FOR 2 BED. THERE IS CLOSE SPACE EATING FOR MY CLIENT AND HAS WHEELCHAIR ACCESS FROM THE CLIENTS ROOM. FOUND A NEW PLACE WHERE THE HOUSE MEETS THE CURRENT CCFFH STANDARDS	11/04/2020	I WILL MAKE SURE THE ENVIRONMET IS SAFE FOR THEM TO LEAVE
(3P)(b)(1)	THERE IS INDOOR COMMON LIVING AREA ACCESSIBLE TO THE CLIENTS	11/04/2020	WILL MAKE SURE THAT THERE IS INDOOR COMMON LIVING AREA ACCESSIBLE TO THE CLIENTS
(3P)(c)(1)	THERE IS INDOOR DINING AREA ACCESSIBLE TO THE CLIENTS	11/04/2020	I WILL MAKE SURE THERE IS INDOOR DINING AREA ACCESSIBLE TO THE CLIENTS
50.(e)	THE CCFFH HAS A GATE AT THE SIDE WALK AND HAS DOOR BELL ATTACH TO THE SIDE WALK GATE TO COMMUNICATE.	11/04/2020	WILL MAKE SURE THAT THERE IS COMMUNICATION OUTSIDE OF THE GATE
53.(b)(15)	EACH CLIENT HAS DOORKNOB LOCK FOR PRIVACY	11/04/2020	I WILL MAKE SURE ALL THE CLIENTS HAS DOORKNOB LOCK PRIVACY
54.(c)(5)	THE #1-2 MEDICATION [REDACTED] WAS DISCONTINUE WITH THE SIGN OF MD ORDERS. THE 3 MEDICATION WAS CHANGED TO [REDACTED]	11/02/2020	I WILL MAKE SURE TO REVIEW ALL THE MEDICATION OF THE CLIENT

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 11/05/2020

CTA has reviewed all corrected items