

Foster Family Home - Corrective Action Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-9

94-1079 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/23/2020

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during inspection with all items due to CTA within 30 days.

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)- HHM: ~~4~~ is without evidence of APS/CAN/Fingerprinting or Ecrim seen in CCFFH binder.

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

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

Comment:

12.(4)- Primary Caregiver Disclosure Form was not updated to reflect an additional household member in the CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No completed Confidentiality Policies and procedures and client privacy rights training seen in CCFFH binder for CG#2, CG#3, HHM#1, HHM#2, HHM#3, and HHM#4.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- No TB clearance seen in CCFFH binder for HHM#4.

Foster Family Home - Corrective Action Report

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No Admission Policy and Agreement Forms completed for each Client #1, Client #2, and Client #3 on admission to CCFFH.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(d)(1) By order of a physician;

Comment:

47.(d)(1)- Client #1's bed with [REDACTED] no doctor's order seen in client's chart.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Attic ceiling located on the hallway near clients rooms was exposed open during CCFFH inspection; a piece of wooden board was seen which has a potential to fall and cause injury to clients.

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 #3's bedroom doorknob has no lock from the inside. Under the My Choice My Way- clients doors are required to have a lock from the inside for their clients' privacy rights.

Sherril Nakawine, RN
Compliance Manager

[Signature]
Primary Care Giver

10/23/2020
Date

10-23-20
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Jocelyn L. Ramelb

CCFFH Address: 94-1079 Lumicaina St. Waipahu, Hi. 96797

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?
8a	APR/CAN/Ecrim Furnished right away. next time	11-9-20	Will talk to HHM that he needs to let me know ahead of time if he will move back in, so we can secure proper documents on time.
12(4)	PCG disclosure form already updated	11-18-20	Will remind HHM next time he cannot just move in without proper documents needed.
16(b)	Confidentiality policies, & procedures & client privacy rights training is done.	11-18-20	Make sure if get new admission caregivers & HHM need to have training on confidentiality, policies & procedure & clients privacy rights.
41(F)(1)	TB test done	11-16-20	HHM reminded to have updated TB test @ all times. OR I will put reminder on my phone 3 months prior to due date.
45(1)(2)(3)	Admission Policy & Agreement Forms done / updated	11-18-20	Will make sure I provide a copy of Admission Policy & procedure & sign by client or legal representative @ all times.

All items that were fixed are attached to this CAP
PCG's Signature: Jocelyn L. Ramelb

Date: 11-18-20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Jocelyn L. Ramelb

CCFFH Address: 94-1079 Lumiaina St. Waiapaku, 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?
47(d)(1)	Get order for [redacted] for client #1	11-9-20	All clients [redacted] will have MD order within one week of admission.
49(c)(3)	Attic already close	10-24-20	Next time we will not leave it open when we clean. Will close it right away, for safety
53(b)(9)	Changed client #3 bedroom door handle	10-24-20	Will keep door handle in working order. All new clients will have handle that locks from inside.

All items that were fixed are attached to this CAP

PCG's Signature: Jocelyn L. Ramelb

Date: 11-18-20

CTA has reviewed all corrected items