

Foster Family Home - Corrective Action Report

Provider ID: 1-120033

Home Name: Faatu Ripley, CNA

Review ID: 1-120033-14

91-588 Pohakupuna Road

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/3/2021

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 Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) Client # 2 has [REDACTED]. There is no delegation done by CMA for actions to take if a [REDACTED]

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d) There is no MD signed [REDACTED] client # 1 in the clients binder [REDACTED]

47.(d)(1) No MD [REDACTED] for client # 1 or client # 2

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)The clients rooms have odors and thick dust although the common area's are clean

Foster Family Home Records [11-800-54]

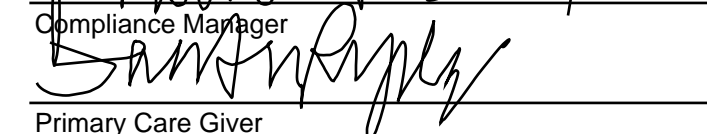
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:


54.(c)(2) Service plan for client # 2 is not signed by the client or POA . Client # 2's bedroom has no furniture or décor. This is not listed in his service plan



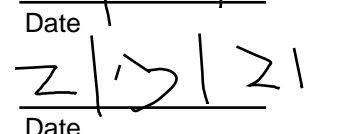
Compliance Manager



Primary Care Giver



Date



Date