

# Foster Family Home - Corrective Action Report

Provider ID: 1-595803

Home Name: Asela Ramos, CNA

Review ID: 1-595803-3

94-949 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/22/2021

## 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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 2/22/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:


41.(b)(7)- CG#2's TB clearance lapsed on 12/19/2020 and CG#5's TB clearance lapsed on 4/29/2020. Both were without TB renewals present in the CCFFH binder.

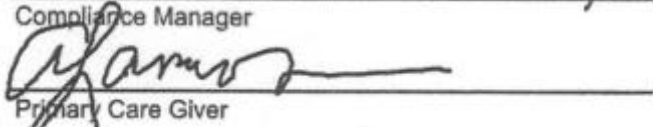
## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart/binder.

  
Compliance Manager  
Date 1/22/2021

  
Primary Care Giver  
Date 1/22/2021

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: Asela Ramos

(PLEASE PRINT)

CCFFH Address: 94-949 Hiapo Street Waipahu, Hawaii 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)	TB clearance was obtained by: CG #2 on CG #5 on and was filed and placed in the hom records binder.	1/29/2021 2/3/2021	Home will make a monitoring/spread sheet on the computer or board in order to identify when requirements are due, up for renewal, and expiration dates so lapses will not occur.
47.(c)	Client medication was searched and downloaded and was copied and placed in the home binder after the medication log section.	1/23/2021	Home will make a Resource book/Binder for each client where you can find the clients medication guide/instructions such as uses and adverse side effects in order to prevent error in administering medications to the client.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*Asela Ramos*

Date: \_\_\_\_\_

*2/9/21*

CTA has reviewed all corrected items