

Foster Family Home - Corrective Action Report

Provider ID: 1-090094

Home Name: Erlinda Ibus, CNA

Review ID: 1-090094-11

94-1241 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/14/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 2/14/2021.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(2)- No grab bars present near the toilet for clients' safety.

49.(a)(5)- Fire extinguisher located inside the clients' bathroom with the gauge/arrow pointing in the red zone.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

Comment:

54.(b)- No progress/observation notes present in Client #1's chart since admission to CCFFH on 6/10/2015.

54.(c)(5)- Client #2- one medication listed in the Medication Administration Record (MAR) was not available on hand. MAR was without a signature of CG#1 for that medication from 12/25/2020 till 1/14/2021.

Maribel Nakamine, R

Compliance Manager

1/14/2021

Date

Erlinda Ibus

Primary Care Giver

1/14/2021

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: Erlinda Ibus
(PLEASE PRINT)

CCFFH Address: 94-1241 Halelehua St. Waipahu 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?
49(a) (2)	Purchased grab bars and installed	1/19/21	Home will make sure that grab bars are properly installed for client safety
49(b) (5)	New Fire extinguisher obtained and placed into CCFFH.	1/19/21	Home will make sure that fire extinguisher is properly loaded by making a checklist and checking monthly.
54(b)	CG #1 put client #1 progress notes into CCFFH binder	1/19/21	Home will make sure to always have progress or observation notes in clients binders.
54(c) (5)	MD notified and obtained new medication. CG #1 updated and signed Mar	1/19/21	CG #1 will refill medication in a timely manner and make sure all medications are available. CG #1 will initial MAR right after giving client the medication.

All items that were fixed are attached to this CAP

PCG's Signature: EIbus Date: 2-3-21

CTA has reviewed all corrected items