

# Foster Family Home - Corrective Action Report

Provider ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-12

94-595 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/18/2021

## 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 Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) No proof for CG # 2 for current CPR First aide or for CG 1 and 2 BBP certificate not accepted due to white out use at participant name

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

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

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.d.1, 2 and 3 Client # 1 had [REDACTED] were not listed in the service plan and/or did not have specific orders f [REDACTED]

# Foster Family Home - Corrective Action Report

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;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

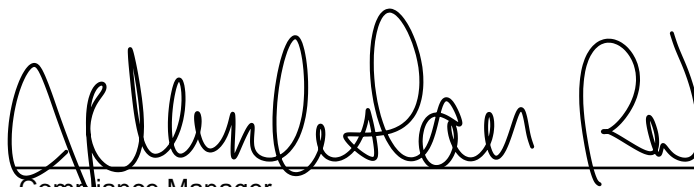
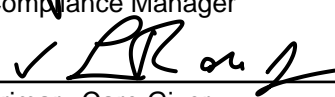
Comment:

- 54.(c)(7) Client # 1 2 and 3 No Personal allowance log documentation
- 54.(c)(8) Client # 1 2 and 3 No client belonging record documentation

54.(c)(5) Medication discrepancy for client # 1 and # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders. Client 1 2 3 no MAR documentation for any of MAY 2020  
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out for May for client # 1 2 3

54.(c)(2) Service plan for client #1 service plan lists [redacted] MD order but no MD order is present for [redacted] service plan lists [redacted] service plan not ordered or in the home

client # 2 [redacted] is present and in the service plan but not on MAR as a PRN medication  
per service plan daily BP [redacted] present and in service plan but not on MAR  
per service plan daily [redacted] are to be documented. There are no [redacted] are documented at all  
Service plan has to administer meds via [redacted] but they are [redacted]  
[redacted] delegation is for [redacted]

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

5/17/21  
\_\_\_\_\_  
Date  
5/17/21  
\_\_\_\_\_  
Date