

# Foster Family Home - Corrective Action Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-8

94-1030 Mahoe Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/19/2021

## 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 inspection.

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)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Per DPP website, the home has 4 bedrooms, but physical count of bedroom is 7+ bedroom with additional unknown structures such as an "office" behind the far wall of the bedroom for client # 3. Client # 3 room is a pass through to the office. Client # 1 there is a far door that leads to a hallway to the family side of the home. Client # 1 room is a pass through to the other side of the home where family bedrooms are. This room parameter has no outside wall or window. The structure of the home does not meet the description of DPP. Possibly additions have been made without a building permit, including area's that the clients have bedrooms. Due to pandemic and possible State and County closures CCFFH will have 1 year to reconcile with DPP

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

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

Comment:

47 (d)(1) - Unable to locate physicians order for use of side rails for client #1 or 2


There is no diet order for client # 2 or # 3

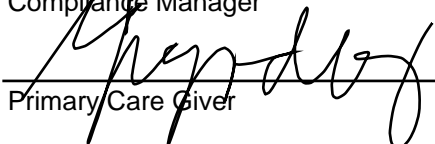
## Foster Family Home Records [11-800-54]

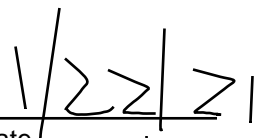
54.(c)(5) Medication schedule checklist;

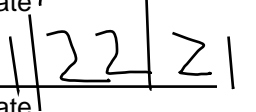
Comment:

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. [REDACTED] CMA RN to determine if a medication error has occurred.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Luzviminda Godoy, CNA


*(PLEASE PRINT)*

CCFFH Address: 94-1030 Mahoe Pl., Waipahu, 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?
41.(b) (6)	Secured Building Permit from [REDACTED] Building permit [REDACTED] See attachment copy.	Feb, 03, 2021	Follow up per DPP office to have closure for the building permit.
47.(d) (1)	Client no.1 secured from [REDACTED] Physician Order for the [REDACTED] for Pt. safety. [REDACTED] (See attachment copy.)	1/21/2021	Update my records all the time.
47.(d) (1)	Client no,2 secures an Physician Order for [REDACTED] for Pt. safety tr. [REDACTED] Diet as tolerated.(See attachment cop) Client 3 The [REDACTED] is in the binder.	1/28/2021	Update my records all the time.
54.(c) (5)	[REDACTED]	1/27/2021	Double Check MAR list to the box of the medication.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 02-09-2021

CTA has reviewed all corrected items