

# Foster Family Home - Corrective Action Report

Provider ID: 1-130005

Home Name: Redentor Rous, CNA

Review ID: 1-130005-9

91-829 Kimopelekane Road

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 3/16/2021

## 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 annual inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

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

Comment:

47.(d)(1) There is no MD signed [REDACTED] client # 2 or 3 in the clients binder

## 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) Indoor and outdoor living spaces are cluttered in an unsafe manner

## Foster Family Home Client Rights [11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order [REDACTED] for client # 1

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

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;

Comment:

54.(c)(5) Medication schedule checklist has not been signed since 3/08/21 for client 1, or 2 (client 3 is [REDACTED] only)

54.(c)(6) Daily documentation of the provision of services has not been signed for client 1, 2 or 3 since 3/08/21

  
Compliance Manager

  
Primary Care Giver

3/16/21  
Date

3/16/21  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: REDEDTOR ROUS  
(PLEASE PRINT)

CCFFH Address: 91-829 KIMOPELEKANE RD, EWA BEACH, HI 96706  
(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?
47.d.1	MD signed [REDACTED] client #2 was found in the binder dated 09/04/2020	03/16/21	Caregivers will make sure that MD order is in correct place in the binder
	MD signed [REDACTED] for client #3 was fax by doctors office to caregiver.	03/18/21	Caregiver will review clients binder on admission to make sure [REDACTED] are provided.
49.c.3	Indoor furnitures were repositioned to have more space and well ventilated. Boxes outside were removed. Bathroom & room door knob were installed correctly.	03/20/21	Caregiver will maintain the home in a clean and safe manner. Primary caregiver assign person to clean in all areas.
53.b.7	[REDACTED] doctors signed order for client # 1 was found in the binder dated 01/20/21.	03/16/21	Caregiver will make sure that MD order is in correct place in the binder.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 03/23/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: REDENTOR ROUS  
(PLEASE PRINT)

CCFFH Address: 91-829 KIMOPELEKANE RD, EWA BEACH, HI 96706  
(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?
54.C.5	Medication schedule checklist were updated and signed by caregiver for clients 1 and 2.	03/16/21	Caregivers will make sure that each medication given should be recorded and sign immediately after giving it.
54.C.6	Daily documentation of ADLS were updated and signed by caregiver for clients 1,2 and 3.	03/16/21	Caregivers will make sure that each services provided shall be recorded and sign immediately after.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 03/23/2021

CTA has reviewed all corrected items