

Foster Family Home - Corrective Action Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA

Review ID: 1-594665-9

91-871 Halalii Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/2/2021

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 inspection 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) unable to locate [REDACTED] client 2 and 3

47 (d)(1) Client # 2 physicians order was present f [REDACTED] but CCFFH is not using. Client # 3 has [REDACTED] without a MD order

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) single client bedroom and bathroom does not has a lock on the inside for patient privacy. This is a repeat citation from 2020

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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)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) No Service plan for client #1 since May 2020
service plan for client 1,2 and 3 lists for [REDACTED] but there is not [REDACTED] in the clients room,
and [REDACTED] for client # 1 but there is no [REDACTED]
Client # 1 [REDACTED] checked in service plan not done

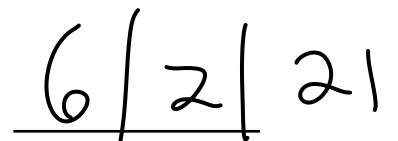
54.(c) Medication discrepancy for client # 2 medication prescription label did not match medication administration record
and / or the signed MD orders, for a [REDACTED]

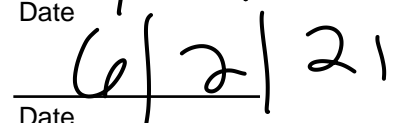
- 54.(c)(8) Client # 1 2 and 3 Personal inventory sheet is blank and not signed
- 54.(c)(7) Client # 1 2 and 3 have no documentation of Expenditure records



Compliance Manager


Primary Care Giver



Date


Date

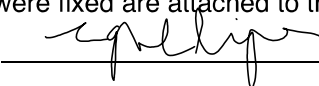
CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Connie Felipe
(PLEASE PRINT)

CCFFH Address: 91-871 Halali'i Street, 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?
53 (b) (15)	Doorknobs with a lock were purchased and installed.	06/03/21	The home will use doorknobs that feature a lock which the client can use for privacy purposes. Caregiver #1 will keep the keys for emergency purposes.
54 (c) (2)	The update for Client #1's service plan was completed by the CMA and properly recorded.	06/08/21	The home will notify the client's CMA about the service plan which must be updated 2 weeks before expiration.
	According to the service plan, [REDACTED] were purchased and installed next to the beds of Clients #1, #2, and #3.	06/10/21	The home will ensure that [REDACTED] are provided to the clients should they need assistance at any point in time.
	Client #1's [REDACTED] was purchased and placed in [REDACTED]	06/05/21	In the interest of the client's safety and comfort, the home will check equipment each month and maintain the client's equipment so that it continues to function properly.

All items that were fixed are attached to this CAP
PCG's Signature:  Date: 06/20/21

CTA has reviewed all corrected items

