

Foster Family Home - Corrective Action Report

Provider ID: 1-559354

Home Name: Fe Sabalboro, CNA

Review ID: 1-559354-4

91-1429 Maliko Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/15/2021

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 2 bed annual inspection.

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

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;


Comment:


54.(c)(7) Client # 1 No Personal allowance log documentation

54.(c)(8) Client # 1 client belonging record documentation is not signed by client or CCFFH


54.(c)(2) Service plan for client #1 is outdated


54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager


Primary Care Giver



Date


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: Fe Sabalboro

(PLEASE PRINT)

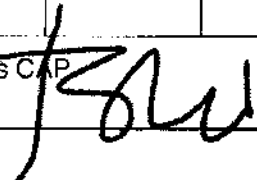
CCFFH Address: 91-1429 Maliko St. Ewa Beach HI 96706

(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) (7)	Personal allowance was signed by CG # 1 & client rep	6-24-21	Family manage client allowances CG # 1 will not enter on client record
54.(c) (8)	Client representative & CG # 1 already signed the Personal Belongings form	6-24-21	CG # 1 Client Representative must sign the form upon client admission after the inventory.
54.(c) (2).	Service plan corrected & it as signed by the CM RN & Client representative	6-16-21	CG # 1 will notify clients CMA that the service plan needs to be updated the record on file every six month's care plan.
54.(c) (5)	Medication discrepancy was corrected by clients CMA, MD and CG # 1 on the clients medication prescription label.	6-20-21	CG # 1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and /or doctor if they are defferent.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 6/25/21

CTA has reviewed all corrected items