

# Foster Family Home - Corrective Action Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-6

94-414 Kahuanani Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/20/2021

## 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 inspection with corrective action plan due to CTA within 30 days of inspection.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:


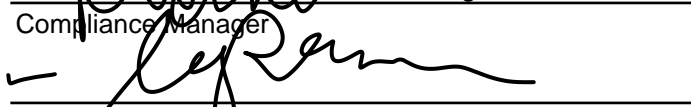
(3P)(b)(4) Staff CG # 2, 3, 5 and 6 do not have proof of 3 bed CG approval

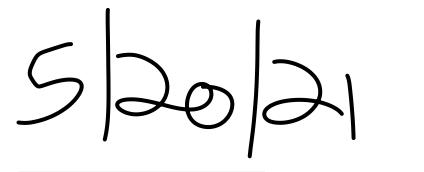
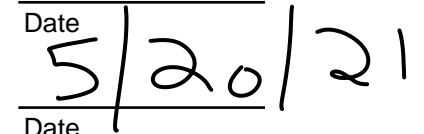
## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) Medication record has not been signed since 5/17/21  
1 client medication is missing from the home for client # 2

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: 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: Loridhel Ramoran  
(PLEASE PRINT)

CCFFH Address: 94-414 Kahuanani Street Waipahu 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?
3P (b)1	Lapse cannot be corrected.  Approvals should have been obtained for CG #2,#3,#5, #6 upon receiving 3 bed certification. All have are approved 3 beds	CG # 2-- 5/28/21  CG#3,5 and6-- 6/9/21	Home will make sure all CGs are [redacted] approved for 3 bed clients Will use a checklist when adding new CGs
54. (c) (5)	Medication record has not been signed since 5/17/21  CG signed MAR  1 client medication is missing from the home for client # 2  Empty medication bottles/containers will not be thrown until refills are received	5/20/21	CCFFH will make sure the medications given were all documented or signed in MAR by checking the MAR at the end of each day CCFFH will make sure refills are verified prior to tossing empty medication bottles

All items that were fixed are attached to this CAP

PCG's Signature: *Loridhel Ramoran*

Date: 6/12/2021

CTA has reviewed all corrected items