

Foster Family Home - Deficiency Report

Provider ID: 1-200064

Home Name: Charmaine Claudine M. Ramos, CNA

Review ID: 1-200064-3

94-1166 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/10/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/10/2021.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (d)(1)- No MD order present for Client #2's [REDACTED] [REDACTED].

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(2)- No [REDACTED] [REDACTED] present at or near clients' toilet.


49.(c)(3)- Clients bathroom sink faucet loose at the base.


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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' Bathroom and bedrooms doors were without locks from the inside. Under the My Choice My Way, clients' bedrooms and bathroom door knobs should have locks from the inside to provide for clients' privacy.


Compliance Manager
Date 9/10/2021


Primary Care Giver
Date 9/10/2021

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: CHARMAINE CLAUDINE M. RAMOS
(PLEASE PRINT)

CCFFH Address: 94-1106 LUMIKULA STREET 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?
42(d) (d)(1)	CG #1 contacted client #2's CMA RN to assist with obtaining the MD order. Prescription copy was filed in the clients chart	9/14/21	CMA RN, and MD will be contacted to provide prescription on any new equipment prior to use.
49(a)(2)	New [redacted] was installed near clients toilet	9/15/21	Home will conduct regular inspection to monitor and maintain proper functioning of the [redacted] for the safety of the patients
49(c)(3)	Faucet base and mounting bolt and knot was tightened on the client's bathroom sink.	9/15/21	Home shall be maintained in a clean and safe manner, monitor proper functioning and fix bathroom faucet as needed.
53(s)(a)	client # 1,2 bedroom and clients bathroom door knobs was change with door knobs that has inside locks for privacy.	9/16/21	Home will conduct regular inspection to ensure proper locks that is needed for safety and privacy of the clients.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 9/29/21

CTA has reviewed all corrected items