

Foster Family Home - Deficiency Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-12

94-168 Kupuna Loop

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 11/26/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification Deficiency Report issued during home inspection with all approved written corrections due to CTA by 30 days.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8)
CG#3 CPR/First Aid expired 3/12/2021.
CG#1 has no blood borne Pathogen training for 2020

41.(f)(1)
HFM#2 minor has no TB clearance or declination form.

Foster Family Home Records [11-800-54]

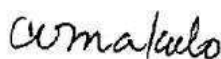
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
No Medication Administration Record after 11/19/2021 for Client #1 and client #2. Non record after 11/20/2021 for Client #3



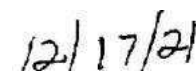
Compliance Manager



Primary Care Giver

11/26/2021

Date



Date

CTA RN Compliance Manager: Julie Hastings RN

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

PCG's Name on CCFFH Certificate: Carmelita V. Makolo
(PLEASE PRINT)

CCFFH Address: 94-168 Kupuna Ln. 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?
41.(b)(8)	2021 CPR/First Aid was obtained for CG#3. It was placed into home record.	12/17/21	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due (3 weeks before it is due).
41.(f)(1)	2021 minor TB Clearance was obtained for HHM#2 minor. It was placed into home record.		Home will use a schedule board to identify missing records and when it is due.

All items that were fixed are attached to this CAP

PCG's Signature: Carmelita

Date: 12/17/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings RN

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

PCG's Name on CCFFH Certificate: Carmelita Makolo

CCFFH Address: 94-1168 Kupuna Ln. 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?
54.(c)(5)	Medication Administration records were corrected by client's CMA and put on client's folder. Client #2 and Client #3. Client #1 pass away No records available.	12/17/21	CG #1 will make sure client's medication list is updated all the time and no lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Carmelita Makolo

Date: 12/17/21

CTA has reviewed all corrected items