

Foster Family Home - Deficiency Report

Provider ID: 1-190011

Home Name: Cris Raymundo, NA

Review ID: 1-190011-7

91-2035 Pahuhu Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/20/2021

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 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

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

Comment:

53.(b)(15) There were [redacted] in Client # [redacted] bedroom. There were no consent forms for use of [redacted]. Use of [redacted] is a violation of client privacy without proper consent.

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)(2) Service plan for clients #1 has not been signed by the client or POA

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


A medication that client 1 is taking is listed on the current allergies



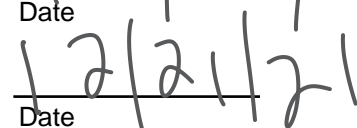
Compliance Manager



Primary Care Giver



Date



Date

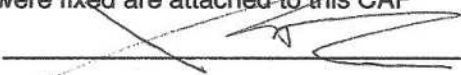
CTA RN Compliance Manager: Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Cris Raymundo
(PLEASE PRINT)

CCFFH Address: 91-2035 Pahuhu Pl. 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)	Made a consent form and pt.'s POA signed the consent form. I have placed the signed consent on the binder.	12/23/21	I have placed a checklist and put a to-do reminder sticky notes on the binder.
54.(c) (2)	I gave a updated service plan on pt.'s POA and have her signed the paper. I have placed the signed paper on the binder.	01/03/22	I will keep an updated and signed service on the binder. I have placed a checklist and put a to-do reminder sticky notes on the binder.
54.(c) (5)	I called client #1's PCP and asked for the correct medication order and updated the correct medication. I have placed the updated and correct medication order on the binder.	01/05/22	I will keep the updated medication order from pt.'s PCP and put it on pt.'s binder. I have placed a checklist and put a to-do reminder sticky notes on the binder.

All items that were fixed are attached to this CAP
PCG's Signature: 

Date: 01/16/22

CTA has reviewed all corrected items