

Foster Family Home - Deficiency Report

Provider ID: 1-120053

Home Name: Madeline Ulep, RN

Review ID: 1-120053-11

94-1469 Hiapo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/19/2022

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

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:



43.(c)(3) No RN delegation present for Client [redacted] for [redacted] use or cleaning of [redacted] supplies

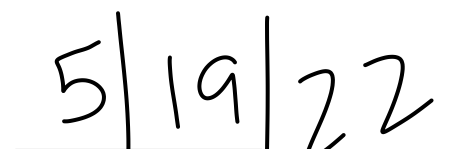
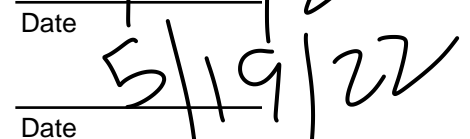
3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env. Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen (for 2 clients) and to the dining room (for 1 client) with 1 steps between the kitchen and dining room


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Terri Van Houten, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Madeline Ulep

(PLEASE PRINT)

CCFFH Address: 94-1469 Hiapo 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?
43.(c)(3)	RN Delegation was done for Client # [redacted] for [redacted] use and cleaning of supplies by RN case manager.	05/21/22	Home will notify client's CMA that RN delegation needs to be done within 3 days of client's admission or physician orders. Also, a new admission checklist for each client will be made to ensure all tasks are completed within 3 days of admission or physician's order.
(3P)(c)(2)	Portable two-inch high by three-feet wide ramp has been installed for client [redacted]	06/08/22	Admission checklist for each client has been made to ensure all tasks are completed within 3 days of admission.

All items that were corrected are attached to this POC

PCG's Signature: Madeline Ulep

Date: 06/13/22

CTA has reviewed all corrected items