

Foster Family Home - Deficiency Report

Provider ID: 1-210036

Home Name: Maricel Corpuz, RN

Review ID: 1-210036-9

94-972 Lumiloke Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/24/2025

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/24/2025).

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): Discrepancy noted in client #1's service plan compared to services provided. No evidence of client #1's current service plan addressed client's admission to hospice services and foley catheter.

54.(c)(5): No evidence of daily documentation of medication administration in since 2/06/2025 in client #1's medication administration record (MAR).




Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager:

Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: Maricel Corpuz

(PLEASE PRINT)

CCFFH Address: 94-972 Lumiloke 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?
54.(c)(2)	Notified CMA to update Service plan to include when pt became hospice and foley catheter.CMA updated pt service plan, printed and filed in pt folder.	2/25/25	PCG with work with CMA to make sure service plan is up to date. Any changes to pt condition I will notify CMA right away to have service plan change to meet my patients needs. Also when CMA RN comes to visit, I will review my service plan with CM ensure everything is up to date on a monthly bases.
54.(c)(5)	Lapse cannot be corrected. Medication administration documented as of 2/24/25	2/24/25	PCG/SG will check vitals before giving medication and record on MAR after giving the medication. I will check my chart every day to make sure MAR/Vitals are completed.



All items that were corrected are attached to this POC

PCG's Signature:



Date:

2/28/25

☒ CTA has reviewed all corrected items