

# Foster Family Home - Corrective Action Report

Provider ID: 1-563933

Home Name: Elenita Vitug, CNA

Review ID: 1-563933-3

91-763 Kilipoe Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 6/1/2015

End Date:

6/16/15

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.d.1 Home visit made 6/1/15 for a two bed recertification survey. Corrective action report issued during home visit with a written plan of correction due to CTA by 7/1/15.

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.2 State name check/eCrim lapsed. CG#3 was due on/before 5/15/15. CG#4 was due on/before 4/28/15. No current certified eCrim in record. eCrim in record is not certified.

## Foster Family Home Reporting Changes [17-1454-10]

10. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

10.(4) In the household composition or structure of the home; and

Comment:

10.4 CCFFH had a HHM turn 18 and it was not reported to add HHM#2 as an adult HHM.

## Foster Family Home Client Care and Services [17-1454-43]

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, subchapter 15, HAR;

Comment:

43.c.3 No RN delegation present for [REDACTED] medication for client #1 for any caregiver.

## Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.b.2 All caregivers are required to run a fire drill every year as proof of training. No fire drill conducted by CG#3 and CG#4 from May 2013 to May 2014.

# Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.c No side effect list or sheets present for client #1 for any medication.

46.e No training present for client #1 for [REDACTED]

Foster Family Home

Records

[17-1454-52]

52.(c)(1) Client's vital information;

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

Comment:

52.c.1 Front of client record states [REDACTED] POLST, face sheet and service plan say [REDACTED]

52.c.5 There is a medication discrepancy.

Client #1 has [REDACTED] Medication administration record says [REDACTED]

[REDACTED]

Glenita D. King  
Primary Care Giver

6/1/15  
Date

6-1-15  
Date

June 4, 2015

7.1..a.2 updated ecrim for CG#3 and CG#4 will be attached

10.4 Disclosure form for HHM#2 added as an adult when CTA visited in 6/1/15

43.c.3 Case Management Agency sent a copy of client#1 for [REDACTED]

45.b.2 CG#3 and CG#4 will conduct fire drill at least once a year

46.c Picked up side effect list for client#1 from the Pharmacy

46.e CMA sent me a copy of client#1 a training on Guidelines of Consistency Modification of Food and Liquids.

52.c.1 CM/RN corrected face sheet for client#1

52.c.5 [REDACTED] for client#1 was printed [REDACTED]. CG#1 was giving correct dose. MAR was corrected to reflect [REDACTED]. In the future, RN and CG#1 will do medication reconciliation every month. Check MAR against medication bottle label and MD's order to assure that MAR is correct.

To prevent deficiencies in the future I will make a lists of all requirements and dates, and post it in my folder or in the refrigerator for reminder.

*Elenita D. Vitug*  
Elenita D. Vitug  
91-763 Kilipoe St.  
Ewa Beach Hi. 96706

RECEIVED

BY: *mail*