

# Foster Family Home - Corrective Action Report

Provider ID: 1-120011

Home Name: William Flores Jr., RN

98-573 Kaamilo St.

Aiea HI 96701

Review ID: 1-120011-6

Reviewer:

Begin Date: 10/7/2015

End Date: 11/10/2015

## 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 on 10/7/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/7/2015.

6 (d)(1) see applicable sections of this review.

## 3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) The 3-bed certified CCFFH sign out sheet is not completed appropriately since 9/8/2014 until present.

## 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.

Comment:

46.(c) Clients #1, #2, and #3 Medication side effects information are not present in the home/record.

## Foster Family Home Records [17-1454-52]

52.(c)(8) Personal inventory.

Comment:

52.(c)(8) Client #2 Personal inventory not present in the Client #2's chart or record.



Compliance Manager

Primary Care Giver

10/7/2015  
Date

10/7/2015  
Date



Written Plan of Correction

November 04, 2015

1. 41 (3P) (b) (2) The home now completed the correct procedure for the 3-bed certified CCFH sign out sheet. Moving forward, the primary caregiver will make sure that in [redacted] absence, [redacted] will be completing the sign-in and sign-out form and will not happen again in the future.
2. 46 (c) Clients #1, #2, and #3 now have Medication side effects information in the clients' chart. This required information will always be kept in the home/record tab in the clients' chart.
3. 52 (c) (8) Personal inventories for Client #2 are now completed and present in Client #2's chart or record permanently so this will not happen again in the future.

PCG Signature: \_\_\_\_\_

Date: \_\_\_\_\_

11/04/15