

Foster Family Home - Corrective Action Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

Review ID: 1-090084-3

94-835 Kaaholo Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/14/2015

End Date: 4/24/2015

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

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

Comment:

Home visit made on 4/14/2015 for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/14/2015.

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

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 to any caregiver for Client [REDACTED] regarding medication.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

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.(d)(1) No order present for Client [REDACTED]

46.(e) No training present for [REDACTED] and [REDACTED] for Client [REDACTED] No training present for [REDACTED]; for Client [REDACTED]

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Foster Family Home

Records

[17-1454-52]

- 52.(c)(1) Client's vital information;
- 52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 52.(c)(5) Medication schedule checklist;

Comment:

- 52.(c)(1) The POLST says CPR for client [redacted] No CPR status noted on client [redacted] face sheet.
- 52.(c)(2) No CPR status noted on Client [redacted] Service Plan, POLST states CPR. Client [redacted] is on [redacted] but this is not on Service Plan.
- 52.(c)(5) Discrepancy of medications where the MAR and labels do not match for Client [redacted] label says [redacted] but MAR says [redacted] label states [redacted] but the MAR says [redacted]

Compliance Man

Primary Care

14 April 2015
Date

14 / April 2015
Date

April 29, 2015

Community Ties of America, Inc (CTA)
 45-955 Kamehameha Hwy Suite 300
 Kaneohe, HI 96744
 808-234-5380
 808-234-5470

Re: Foster Family Home – Corrective Action Plan
 Home Name: Antonia Josue, CAN
 94-835 Kaaholo St.
 Waipahu, HI 96797

- 43.(c)(3) No RN delegation to any caregiver for Client [REDACTED] regarding [REDACTED] medication.

CAP – As Primary Caregiver (PCG), I will notify my RN Case Manager/CCMA immediately regarding any new medications/procedures needed for my client in order to obtain training/RN delegation. I have received RN delegation and training for [REDACTED] medication since notifying my RN Case Manager of the above.

- 46.(d)(1) No [REDACTED] order present for Client [REDACTED]

CAP – After notifying my RN Case Manager about the use of [REDACTED] for my client, an order for [REDACTED] use from the physician was obtained and is present in my client's chart. I will notify my RN Case Manager immediately for any future needs for [REDACTED] so that an order is present in the client's chart.

- 46.(e) No training present for [REDACTED] and [REDACTED] for Client [REDACTED]. No training present for [REDACTED] for Client [REDACTED].

CAP – I notified my RN Case Manager of the above missing training. My RN Case Manager was able to provide training and documentation for the above immediately after notifying them.

- 52.(c)(1) The POLST says CPR for client [REDACTED]. No CPR status noted on client [REDACTED] face sheet.
- 52.(c)(2) No CPR status noted on Client [REDACTED] Service plan, POLST states CPR. Client [REDACTED] is on [REDACTED] but this is not on Service Plan.

CAP – I have notified my RN Case Manager of the above mentioned discrepancy. My RN Case Manager has made the required modifications to show a correlation between the POLST, face sheet, and Service Plan. In the future, I will notify my RN Case Manager of any discrepancies in order to have the appropriate and most accurate information in my client's chart.

- 52.(c)(5) Discrepancy of medications where the MAR and labels do not match for Client [REDACTED]. [REDACTED] label says [REDACTED] but MAR says [REDACTED]. [REDACTED] label states [REDACTED].

CAP – I have notified my RN Case Manager of the above discrepancies regarding the medication labels. The MAR has been amended to show correlation with the medication label. I understand that there are times when pharmacy supplies may be limited and although there is dose equivalency, I will notify my RN Case Manager immediately about these types of situations in order to confirm the appropriate medication and dosage.

If you have any questions please feel free to call me at :

Sincerely,


Antonia Josue, CNA