

# Foster Family Home - Corrective Action Report

Provider ID: 2-631285

Home Name: Berlinda Villa, CNA

Review ID: 2-631285-3

16-518 Ohe Street

Reviewer:

Keaau

HI 96749

Begin Date: 11/24/2015

End Date:

12/17/15

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

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

Comment:

Survey performed on 11/24/15 for recertification of this two client home. Home not in compliance on day of survey. Corrective Action Report issued with a written plan of correction due to CTA by 12/23/15.

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

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.c.6 Client service plan states for caregivers to record food and fluid intake. There is no evidence of these being recorded.

Compliance manager

Primary Care Giver

11-24-15  
Date

11/24/15  
Date

December 7, 2015

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFHs allegations of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

**Rule# 52.c.6:** Client [REDACTED] service plan states for caregiver to record food and fluid intake. There was no evidence of these being recorded. The home contacted Client [REDACTED] case management agency on 11/24/15 and informed them of the Corrective Action Report. The case manager came to the home on 12/3/15 and discussed the plan of correction. Case manager will modify ADLS (Activities Daily Livings) sheet for the ADLS tab to contain a reference key (example.

=100% or R=Refused) to use to record/show the food and fluid intake. Case Manager provided in-service training at the home on 12/3/15 on how to record/show the food and fluid intake with the revised ADLS sheet that will be provided. On 12/7/15, the case management agency provided the final revision of the new ADLS sheet containing the reference key to record/show the food and fluid intake. A sample of a filled out ADLS sheet showing how to record the food and fluid intake was also provided to be added into the ADLS tab of the Client's binder to serve as a reference and training document. In the future, when the home receives a new Client the home will review the Client's service plan with the case manager and confirm the Client's food and fluid intake are record.



[REDACTED]  
BERLINDA G. VILLA  
16-518 OHE STREET  
KEAAU, HI 96749

12/7/15  
DATE