

# Foster Family Home - Corrective Action Report

Provider ID: 1-090086

Home Name: Precy Villanueva, CNA

Review ID: 1-090086-7

99-058 Ohiaku Street

Reviewer:

Aiea HI 96701

Begin Date: 1/11/2017

End Date: 2/13/17

## 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 for a recertification survey. Home applying to change from 2 to 3. Corrective Action Report issued during home visit. A written plan of correction is due to CTA by 2/11/17.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(4) Respect client privacy rights;

Comment:

13.1.b.4 Home intends to have a camera in the client's bedroom. No consent present.

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

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

Comment:

41.3P.a.4 No job experience forms present for CG#1 or CG#2

## 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 No fire drill present conducted by CG#3

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

- 46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.
- 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.(d)(1) By order of a physician;
- 46.(d)(2) Reflected in the client's service plan; and
- 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 medication side effects present for client medications.

46.b Client #1 only has RN delegation present for \_\_\_\_\_ meds. None present for rest of the routes of medication.

46.d.1-2 Client #1 has an order for side rails that is not listed on the service plan. The service plan has a safety belt listed and no orders present.

46.e Client #1 has \_\_\_\_\_ liquids. No training present.

**Foster Family Home Physical Environment [17-1454-48]**

- 48.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

48.b.3 Client #2 has no monitoring device for nighttime needs.

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

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

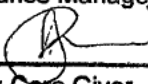
Comment:

52.c.5 There is a medication discrepancy for each client.

Client #1 has a PRN medication that is not present which is listed on the MAR and MD order.

Client #2 has an over the counter medication that may not be the correct medication.

\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

1-11-17

\_\_\_\_\_  
Date

**Written Plan of Correction  
February 12, 2017**

The statements made on this plan of corrective 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 CCFFH has taken or will take the actions set forth in the following plan correction. The plan of correction constitutes the CCFFH's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

17-1454-41.b. The home contacted client #1 agency on January 11, 2017. The case manager came home on January 18, 2017 to do delegation of suppository and nebulizer administration. All three caregivers were delegated. PCG will coordinate with case manager to ensure all routes of medication will be delegated.

17-1454-41.c. Medication side effects is already present in the service plan of client #1. The home will make sure to have side effects in place to all medications they take. All side effects of all meds are now present in the care plan.

17-1454-d, 1-2. Client #1 side rails order is now listed in the service plan. Safety belt that is listed in the service plan has now a Doctor's order that is placed on the binder of client #1. PCG will review MD orders and coordinate with case manager to ensure that it's written in the service plan.

17-1454-e. Training for all three caregivers for \_\_\_\_\_ liquid for client #1 was done by the case manager on January 18, 2017 at the CCFFH. Basic guidelines for \_\_\_\_\_ liquids is also placed in client #1 binder. The home will remind case management to do training.

17-1448-b.3. Client #1 has now a call bell attached/tied to her bedrail. The home will provide call system inside all clients room/bed like call bell and intercom upon admission.

17-1452-c.5. Client #1 PRN medication is now discontinued by MD because she haven't use it for 3 months. The home will make sure to have PRN meds available for all clients if needed.

Client #2 has now have the correct medication purchase at Walmart. The home will check with MD to ensure that client is using the right medication:

17-1413.1.4. The home has now a written consent for the camera that's installed in client #1 room. The consent is placed in the policies and procedure of the home. The home will ask family member to fill up consent form if they wish to use monitoring device or camera inside client room upon admission.

17-1441.3P.a.4. Job experienced filled up forms for CG#2 and CG#3 are now present and placed in the home binder. The home will ask all prospect SCG to fill up job experience form upon the date of hire.

17-1445.b.2. Fire drill was conducted by CG#3 when she worked at the home on January 21, 2017. The home will make sure to mandate all SCG's to do fire drill in timely manner.

A handwritten signature in black ink, appearing to be 'Precy Villanueva', with a large loop at the start and a horizontal line extending to the right.

Precy Villanueva- February 12, 2017  
99058 Ohiaku st. Aiea HI 96701

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