

Foster Family Home - Corrective Action Report

Provider ID: 1-599061

Home Name: Edith Cadiente, CNA

Review ID: 1-599061-6

91-111 Akekee Place

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 12/10/2018

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

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

Comment:

Recertification inspection completed for this 3 client home. A corrective action report was issued today and the corrective action plan is due back to CTA by 1/10/2019.

Home has requested a reduction from 3 clients to 2 clients.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.a.3 - In home experience documentation missing for CG#4

41.b.4 - No disclosure form on file for CG #3 and Cg#4

41.c - All substitute CG's only have 8 of the 12 required annual in- service hours.

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 - RN delegation is missing from Client #1 chart. Basic skills training is present.

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

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.a - CG's #3, 4, 5 did not conduct any fire drills as required.

Foster Family Home - Corrective Action Report

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 - There is no MD order for [REDACTED] for client #2

46.e - There is no evidence of training for [REDACTED] for clients #1 and #2

Foster Family Home Client Rights [17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.b.15 - Bedroom door lacks lock to ensure privacy as desired by client.

Foster Family Home Records [17-1454-52]


52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

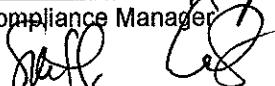
52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

52.c.2 - There is no current service plan for client #2. Last one was dated 4/21/2018.

52.c.6 - Missing CMA RN monthly visit note for 3/2018 and 9/2018 for client #1.



Compliance Manager


Primary Care Giver

12/10/18
Date
12/10/18
Date

Adm. Loti

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: EDITH CADIENTE - CNA

CCFFH Address: 91-111 Akekee Place, Ewa Beach HI, 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.a.3	In home experience documentation done and filed for CG#4.	1/6/19	Will make sure in home experience will be in the folder for new caregivers.
41.b.4	Disclosure form for CG#3 and CG#4 done and in the folder.	1/6/19	Updated disclosure form will be in the folder every year.
41.c	Annual in-service training for all caregivers short 4 hours. Done and filed in the folder.	12/20/18	Make sure when you have 3rd client license will have 12 hours of in service training.
43.c.3	RN delegations was done and filed in the folder.	1/6/19	RN delegation was put away by mistake and so i put it back in the folder.
45.a	Fire drill was done CG#3. Form has been put in the folder	1/5/19	Fire drills will be done by each caregiver at least once a year.

Primary Caregiver's Signature: Print Name: EDITH CADIENTEDate of Signature: 1/7/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **EDITH CADIENTE - CNA**

CCFFH Address: **91-111 Akekee Place, Ewa Beach, HI 96707**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.d.1	Requested MD order for [REDACTED] Received and filed in the folder.	1/4/19	Will make sure to obtain MD orders for client needs to be in compliance.
46.e	[REDACTED] Called CMA to provide training. Done and filed in the folder.	1/3/19	Will make sure training is done for any special needs for all clients.
50.b.15	Bedroom door changed to ensure privacy as desired by client.	1/6/19	Door changed to be in compliance and to ensure privacy.
52.c.2	Current service plan for client #2 is placed in the folder.	1/4/19	Will make sure copy of the current service plan is in the folder. It was done 10/17/2018.
52.c.6	Missing CMA RN monthly visit for 3/2018 and 9/2018 was in the folder.	1/4/19	It was on the service plan section due to annual and six months visits.

Primary Caregiver's Signature: 

Print Name: EDITH CADIENTE

Date of Signature: 1/7/19