

# Foster Family Home - Corrective Action Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

Review ID: 1-120007-8

91-471 Fort Weaver Road

Reviewer: Angel England

Ewa Beach HI 96706

Begin Date: 2/1/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.d.1 Home visit made for a 2 bed recertification inspection survey. Corrective action report issued during home visit with a written plan of correction due to CTA by 3/1/19.

## Foster Family Home Information Confidentiality [11-800-16]

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.c.1-<sup>2</sup> No consent form present for Client #1.

## Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.d.1 No orders for [REDACTED] for Client #2.

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e There is an outside gate around the home, there is no intercom, doorbell or other device to alert the home when people (CTA, OHCA, APS, Medquest, visitors, etc.) are outside the home that need to be let inside in a timely manner without calling the home.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(1) Client's vital information;

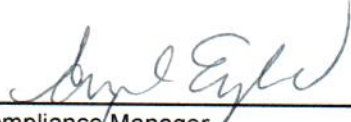
54.(c)(5) Medication schedule checklist;


Comment:

54.b.1 Client records were disorganized and contained old information that affected ability to perform an effective professional review.

54.c.1 Client #1's vital information sheet says DNR, POLST states full CPR.

54.c.5 There are medication discrepancies on both client medication administration records (MAR) where the label, order and/or MAR do not match. There are two for client #2 and six for client #1.

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

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

2/1/19  
Date

HE 2/1/2019  
Date

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

CCFFH Name: DENISE YOSHIDA  
 CCFFH Address: 91-471 FORT WEAVER ROAD

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(c)(1) 16.(c)(2)	CG#1 Recovered consent form from file cabinet and placed in client #1 binder.	02/20/2019	CG#1 Will verify that all client#'s binder contents are transferred in entirety when replacing binder cover by checking of contents with binder content list provided by CMA.
47.(d)(1)	Ordered was written by MD for [REDACTED] to be used by homes cg's for client #2. Order was placed in client #2's binder under MD ORDERS. and with clients original order by MD for equipment that the [REDACTED]	02/28/2019	Cg#1 will verify that every RX order by MD for MEDICAL AIDS or Durable equipment IS ALSO ACCOMPANIED BY THE MD's Order for use of prescribed equipment by home CG's for clients care. AND THAT SAID ORDER IS IN CLIENTS BINDER UNDER THE TAB FOR MD ORDERS.
50.(e)	A door bell has been placed at the entry gate to alert home so that prompt access can be given as required for investigation by the department. All Home's CG's have been instructed to respond promptly to permit entry to the home at any time.	02/15/2019	CG will Verify that door bell is in place and operable by testing weekly thus confirming battery power is functional. replacing as necessary.
54.(b)(1)	Clients out of date records have been removed and records organized to enable performance of an effective professional review in a timely manner by reviewer.	02/29/2019	Cg#1 will implement a repeat reminder on cell phone to declutter and organize clients records on a regular basis to facilitate effective professional review of said records.
54.c.1	CMA will provided current vital information sheet with current code status for client #1	03/03/2019	At time of declutter, review to verify accuracy of information, prompt notification to CMA of changes in vital information to include documentation.
54.c.5.	Medication discrepancies have been corrected by clients CMA, MD and CG#1, for client #1 & Client #2. MAR (Medication Administration Record) has reconciled to reflect appropriate administration of medication.	02/08/2019	CG#1 Will review prescription bottles and match them with MAR on receipt of prescribed medications or changes in medication administration or dosage. If any discrepancy exist promptly notify CMA & MD to reviewed and reconcile said discrepancy followed by appropriate training, if required by CMA, MD for all

Primary Caregiver's Signature: 

Print Name: DENISE YOSHIDA

Date of Signature: 3/12/19