

Foster Family Home - Corrective Action Report

Provider ID: 1-630550

Home Name: Mae Dawn Lagmay, CNA

Review ID: 1-630550-7

957 Peach Street

Reviewer: Angel England

Wahiawa HI 96786

Begin Date: 11/21/2018

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 2 bed re-certification inspection survey. Corrective Action Plan issued via email on 12/2/18. A written plan of correction due to CTA by 1/2/19.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.b.7 Tuberculosis clearance for CG#2 was altered from previous year. The form was identical with the exception of the date. No current TB clearance was present for CG#2.

41.b.8 First Aid lapsed for CG#2 was due on/before 5/16/18 and was done on 5/23/18.

41.c No in-service training hours for 2018 present for CG#1. There was only one certificate present and it does not state how many hours the course was for. CG#1 stated it was a 3 day training.

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 present for [REDACTED] for any caregiver for Client #2.

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

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

46.(d)(2) Reflected in the client's service plan; and

Comment:

46.d.1 and d.2 Both clients had [REDACTED] on their service plans. No current MD order present in either record.

Foster Family Home - Corrective Action Report

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

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 There were food spills and food particles in both the refrigerator and freezer.
The bathroom sink faucet was broken.
There was dirt, fingerprint and grime build up around doorways, walls, and light switches in client bedrooms and common areas.
There was dirt and soap/grime build up around client bathroom sink.
Client #1's medication was in double zip lock baggies. The baggies were dirty. Inside the baggie was a dead fly and a glove tied with a single pill in it. The glove was disposed of during visit.

Foster Family Home Records [17-1454-52]

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

Comment:

52.c.5 Client #1 had medication discrepancy. One medication is on medication administration record as [redacted] the prescription label says [redacted]

Angel England 
Compliance Manager

1/30/19
Date

Mae Dawn Lagmay
Primary Care Giver

12/28/18
Date

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

CCFFH Name: Mae Dawn Lagmay

CCFFH Address: 957 Peach Street Wahiawa, Hawaii 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	TB clearance was obtained for CG#2 and placed in home record.	12/3/18	Home will use calendar on iphone as a reminder when requirements are due 2 months before they expire.
41.b.8	Lapse cannot be corrected.	5/23/18	Home understands first aid requirements. Home will use calendar in iphone to input all due dates to prevent any future lapses.
41.c	Obtained a letter from instructor confirming number of hours completed for the training.	11/29/18	Home understands requirements for inservices training and will make sure next time to add number of hours completed.
43.c.3	RN delegation obtained for [REDACTED] for any caregiver for Client#2.	12/5/18	Home will notify client's CMA that RN delegation needs to be performed before any caregiver perform tasks.

Primary Caregiver's Signature: _____

M. Lagmay

Print Name: Mae Dawn Lagmay

Date of Signature: 12/28/18

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

CCFFH Name: Mae Dawn Lagmay

CCFFH Address: 957 Peach Street Wahiawa, Hawaii 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.d.1 and d.2	Obtained MD orders for [redacted] for both clients.	12/7/18 1/2/19	Home understands that use of [redacted] such as [redacted] needs MD order.
48.c.3	Performed general cleaning, such as wiped and scrubbed spills, dirt, fingerprint and grime build up on the bathroom sink. Replaced broken sink faucet. Changed client#1 medication container.	1/2/19	Home understands that home shall be maintained in a clean, well ventilated, adequately lighted and safe manner at all times. Schedule a general cleaning once or twice a week.
52.c.5	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	12/7/18	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, pharmacy and doctor if they are different.

Primary Caregiver's Signature: Mae Lagmay

Print Name: Mae Dawn Lagmay

Date of Signature: 12/28/18