

Foster Family Home - Corrective Action Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-5

932 Wailupe Drive

Reviewer: Angel England

Wailuku HI 96793

Begin Date: 2/16/2019

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 inspection for a 3 bed recertification inspection survey. Corrective action report issued with a written plan of correction due to CTA by 3/16/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.b.1 CG#3 and 4's government issued ID's were expired.

41.h No written report of removed of CG#6 in 2018. No CG#6 documents were presented for review for CTA to determine if requirements were in compliance prior to removal.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff 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, per 321-483(b)(4)(E) HRS.

Comment:

3P.a.4 No evidence of one year of experience present in record for CG#3 and CG#4.

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

47.(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 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.c No medication side effects present for caregivers to know what side effects are in order to report them.

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Foster Family Home

Records

[11-800-54]


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

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

Comment:

54.c.1 No code status indicated on client #2 information sheet.

54.c.5 Client #1 has one over the counter medication that is the incorrect medication. The bottle has an additional medication added that is not ordered.


Compliance Manager


Primary Care Giver

2/16/19
Date

2/16/19
Date

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

CCFFH Name: **MILBA MELCHOR**

CCFFH Address: **932 Wailupe Drive, Wailuku Maui HI 96793**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.1	CG #3 & 4 new ID obtained & placed in Home Binder Record	2/20/19	CG # 1 to check the Home Binder Record every month
41.h	CG # 6 Removal form placed in Home Binder Record	2/25/19	CG#1 to update CG'S status that is no longer active in the home
3P.a4	CG #3 & CG #4 , 1 year experience placed in Home Binder Record	2/26/19	In the future all CG 'S needs to turn in 1 year experience before they can be hired & used as a SCG
47.C	Medication side effect of client #1 & client #2 placed in Home Binder Record	2/28/19	CG #1 to explain to CG'S medication side effect once CG#1 has the bottle at home and also to identify unusual behaviors of the clients.

Primary Caregiver's Signature: *Milba Melchor*

Print Name: Milba Melchor

Date of Signature: 3/14/19

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

CCFFH Name: MILBA MELCHOR

CCFFH Address: 932 Wailupe Drive, Wailuku Maui HI 96793

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c1	Code status on client # 2 information sheet updated by Case Management Agency	3/1/19	CG # 1 to check client Code status information sheet upon admission & if in doubt to call Case Management Agency
54.c5	Medication discrepancy was corrected by Case Management Agency, MD & CG # 1 on Medication Administration Record	3/5/19	CG # 1 will look all Medication orders bottles & MAR to match before giving to client # 1, & any other client in the future

Primary Caregiver's Signature: *Milba Melchor*

Print Name: Milba Melchor

Date of Signature: 3/14/19