Foster Family Home - Corrective Action Report

Provider ID: **1-170002**

Home Name: **Rowena Agustin, CNA**

99-1164 Halawa Heights Road
Aiea HI 96701

Review ID: **1-170002-3**

Reviewer: Angel England

Begin Date: 11/26/2018

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 report issued via email on 12/2/18. A written plan of correction is due to CTA by 1/2/19.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.8 No current first aid present for CG#2, 4 and 5. It expired on 11/26/18, the day of the visit.

41.g No basic skills checks present for CG#2, 3 and 5 for either client.

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 Client #1 for CG #2, 3 and 5. No RN delegation present for Client #2 for CG #4 and 5.

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 conducted by CG#5 present.

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

46.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

46.d.3 Client #1 has [redacted] on service plan. No current orders present in record.

Foster Family Home - Corrective Action Report

'oster Family Home **Client Rights** **[17-1454-50]**

50.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

:omment:

50.b.9 Under the My choice, My way new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. There are no locks present on either client bedroom doors.

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

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

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

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;

:omment:

52.c.1 There was no client face sheet/information sheet present in Client #1's record.

52.c.5 There were medication discrepancies in both client records.
:lient #1 had no times on his medication administration record (MAR)

:lient #2 had one medication where the frequency on the MAR was different than on the prescription bottle. There was one medication that expired 4/20/2018. One medication had a different dosage on the MAR than on the prescription bottle.

52.c.6 Client #1 had a treatment that is ordered for daily already documented for the next day 11/27.

Compliance Manager — Date: 2/5/19

Primary Care Giver — Date: 12/3/2018

12/2/2018 13:24 PM

01/19/2017 14:09 FAX 002

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

CCFFH Name: Romena Agustin
CCFFH Address: 94-1104 Halawa Heights Rd.
Aiea Hi 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)8	First aid check completed for CG #2, 4 & 5	11/27/18	I will put on a visible area the name of all my substitute caregivers and the expiration dates and I will also put on my cellphone to remind me a month ahead before their expiration date to make sure that all the first aid is up to date.

Primary Caregiver's Signature: Agustin

Print Name: Romena Agustin Date of Signature: 11/31/19

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

CCFFH Name: Rowena Agustin
CCFFH Address: 99-1164 Halawa Hts. Rd.
Aiea Hi. 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4(c9)	Basic skills was completed for client #1 for CG #2 was completed on 11/19/2018, CG#3 12/24/18, For CG#5 11/19/2018 For Client #2 for CG #2 was completed on 4/7/17, 4/4/18, CG#3 4/7/17, 4/4/18, For CG#5 was completed on 3/5/18 and I obtained all copies from CMA and filed it to clients binder.	11/27/18	I will review & recheck all my substitute caregivers basic skills copy to make sure that they are place in my clients binder.

Primary Caregiver's Signature: [signature]

Print Name: Rowena Agustin Date of Signature: 11/3/19

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

CCFFH Name: Rowena Agustin
CCFFH Address: 99-1164 Halawa Hts. Rd.
Aiea Hi 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(c)(3)	RN delegation completed for client #1, CG#2 was completed on 11/19/18, CG#3 12/24/18, and CG#5 was completed on 11/19/18. For client #2, CG#4 was completed on 3/19/2018 and CG#5 was completed on 3/5/18 and I obtained all copies from my CMA and filed to clients binder.	11/27/18	I will make sure that all RN delegation of my substitute caregivers will have a copy as soon as they finished delegate. And all RN delegation copy will be placed in client binder.

Primary Caregiver's Signature: Agustin

Print Name: Rowena Agustin Date of Signature: 11/31/2019

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

CCFFH Name: Rowena Agustin
CCFFH Address: 99-1164 Halawa Hts. Rd.
Aiea Hi. 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46(d)(3)	completed doctors order for [redacted] for client #1	12/5/18	I will review the information of my client care plan medical report and making sure that I have a copy of doctors order for [redacted] client.
52(c)(1)	completed face sheet information for client #1	12/7/18	I will check the client information at the first day of admission to making sure that everything is in their binder.

Primary Caregiver's Signature: [signature]

Print Name: Rowena Agustin Date of Signature: 1/3/2019