

# Foster Family Home - Corrective Action Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-2

61 Kaiemi Street

Reviewer: Angel England

Kahului HI 96732

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

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 Need a first fingerprinting from Fieldprint for CG#2. Second set of fingerprinting was due for CG#4 on/before 2/1/9.

## 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 side effects list or sheets present for caregivers to know what to report.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(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;

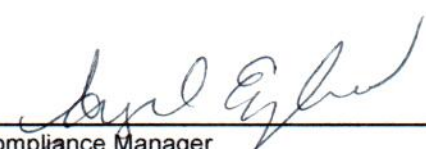
Comment:

54.c.1 The code status on client #2 POLST is conflicting and doesn't match the vital information sheet.

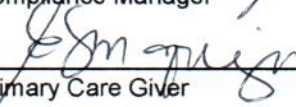
54.c.2 Client #1 is reported as taking medications independently with help setting up a weekly planner and reminders to take medications. This is not reflected in her service plan.

54.c.5 Client #1 has medication discrepancies. One medication prescription label dosage does not match the MAR and orders. One medication prescription label frequency does not match the MAR/order. One over the counter medication bottle does not have an ordered dosage/drug included as it is a combination medication.

54.c.6 Medication administration record (MAR) for client #1 was not signed for since 8am meds on 2/13/19. Daily activities of daily living flow sheet, including daily vital signs was not documented since 2/12/19.

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

2/16/19  
Date

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

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: Evelyn Queja  
 CCFFH Address: 61 kaiemi st Kahului, HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a1.	cg#2 fingerprint done cg#4 fingerprint done	2/17/19 2/22/19	Make a list on all the dues and put in front of CCFFH binder.
47.c	Made a photo copy of side effects list from client's copy.	2/17/19	Make photo copy everytime there is a new medication and put right away to client's binder.
54.c.1	Made an appointment to discuss and clarify client's wish to PCP. POLST was clarified, changed and signed by client and PCP.	2/21/19	PCG will check client code and POLST if it is not conflict. If it is then review again client's wish with PCP to clarify client's wish.
54.c.2	client#1 Service plan was updated by CMA and had client's PCP review and signed.	3/5/19	PCG will notify CMA as soon as possible when client's starts to self medicated
54.c.5	CMA clarify, updated and make correction to client's PCP.	3/5/19	PCG will check all medication orders, bottles and MAR to ensure all is match before giving new meds.

Primary Caregiver's Signature: *E. M. Queja*

Print Name: Evelyn Queja

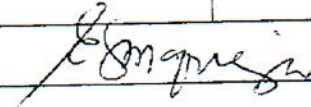
Date of Signature: 3/21/2019

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

CCFFH Name: Evelyn Queja

CCFFH Address: 61 kaiemi st Kahului, HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.6	PCG sign right away to those date that was'nt signed on MAR and flow sheet and documented vital sign.	2/16/19	Sign MAR everyday after giving meds and write down v/s and documented right away on client's binder.

Primary Caregiver's Signature: 

Print Name: Evelyn Queja

Date of Signature: 3/28/19