Foster Family Home - Corrective Action Report

Provider ID:	**2-170022**		
Home Name:	**Felicisima Saito, CNA**	**Review ID:**	**2-170022-3**
81-1018 Meleana Place		Reviewer:	Lori O'Keefe
Kealakekua HI 96750		Begin Date:	7/9/2019

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

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

Comment:

Unannounced recertification inspection performed today for this 2 client home. Application has been made to increase to 3 clients. Home meets physical and care giver requirements for increase on the day of inspection.
A corrective action report was issued via email on 7/11/19 with a corrective action plan due back to CTA by 8/12/19.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), 8.(a)(2)- CG#4 has a lapse in APS/CAN/Fingerprints. 2nd consecutive set was due by 7/11/19. Proof of appointment scheduled for 7/10/19 but determination results are not available prior to expiration of the previous set nor on day of inspection.

Foster Family Home **Fire Safety** **[11-800-46]**

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- Fire drills were conducted at or about the same time each month. The documentation includes all substitutes were present at each drill but does not identify that the substitutes conducted the drill at least 1 time per year.

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)- Client#2 does not have a list of medication side effects available.

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Foster Family Home **Records** **[11-800-54]**

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;

Comment:

54.(c)(2)- Client#2 does not have a current service plan in the record. New SP was due 3/17/19.

54.(c)(5)- Client#1 has two medications on hand that the labels do not match the physician order or the MAR. Medication #1 order reads [redacted] but label reads [redacted]. Medication #2 order reads [redacted] but the label reads [redacted]

Client#2 has one medication with hold parameters requiring [redacted] but the service plan requests [redacted] have not been done.
A second medications MAR does not match the physician order or label. Order/label reads [redacted], but the MAR reads [redacted] (the previous order on file)

Lori Okeefe RN CM
Compliance Manager

7/11/19
Date

Primary Care Giver

7/11/19
Date

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

CCFFH Name: FELICISIMA SAITO

CCFFH Address: 81-1018 Meleana Place Kealakekua, HI 96750

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), 8.(a)(2)	Received and obtain copy of green determination for CG#4.	7/22/19	Foster Care Home understand the background check requirements. Home will schedule three (3) weeks before expiring to prevent any future lapse. Home will utilize calendar to input future appointments for reminder.
46.(a)	Fire drill was conducted by CG#2 during dinner time including testing of smoke detector. Fire drill form has been filed into home binder.	7/19/19	Fire drills must be done at different times of the day, evening, and night including testing of smoke detector. Fire drills must be done by each caregiver at least once a year. Home will developed a calendar schedule for each caregiver to conduct fire drills.

Primary Caregiver's Signature: _____

Print Name: FELICISIMA SAITO Date of Signature: 7/22/2019

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

CCFFH Name: FELICISIMA SAITO

CCFFH Address: 81-1018 Meleana Place Kealakekua, HI 96750

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.(c)	CG#1 obtain, printed, and filed medication list of side effects through online for client#2.	7/18/19	CG#1 will ensure that all medication has a list of side effects filed in client~~s#2~~'s folder.
54.(c)(2)	Client#2 SP has been provided from the CMA. SP dated May 29, 2019.	7/12/19	CG#1 will ensure that currents SP is provided and filed in client's folder. Home will utilize calendar to input reminder for CMA when visit.
54.(c)(5)	Client#1 two medication discrepancy was corrected by client's physician and faxed the corrected order to the pharmacy. CG#1 has been giving client#1 the right medication dosage. MAR was also corrected by the CMA.	7/10/19 7/12/19	CG#1 will ensure at all times that medication orders must be match on both labels and on MAR. Home will always notify physician and CMA if there is discrepancy prior to administering medication.

Primary Caregiver's Signature: _____

Print Name: FELICISIMA SAITO Date of Signature: 7/23/19

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Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
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CCFFH Name: FELICISIMA SAITO
CCFFH Address: 81-1018 Meleana Place Kealakekua, HI 96750

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.((c)(5)	Client#2 medication with hold parameter will continue based on the SP and MAR.	7/10/19	CG#1 will ensure to follow what is stated on the SP and MAR. CG#1 will make a bigger and readable note for reminder to take [redacted] prior to giving medication.
	Clients#2 second medication has been corrected by the physician and faxed the corrected order to the pharmacy. CG#1 has been giving the right medication dosage to client#2.	7/10/19	CG#1 will ensure that all medication matches on order label and on MAR. CG#1 must notify the physician for any discrepancy before giving medication.

Primary Caregiver's Signature: _____

Print Name: FELICISIMA SAITO Date of Signature: 7/22/19