

Foster Family Home - Corrective Action Report

Provider ID: 1-180004

Home Name: Katherine De Vera, CNA

Review ID: 1-180004-3

91-1039 Puaina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/27/2020

Foster Family Home Client Care and Services [11-800-43]

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 16-89-100.

Comment:

43.c.3 No RN delegation present for suppository administration for any caregiver for physician order of suppository PRN

Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

Rental agreement does not include statement or approval from landlord that the home is being used as a CCFFH

Jackie Chamberlain

Compliance Manager

Katherine De Vera

Primary Care Giver

1/27/2020

Date

1/27/2020

Date

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

CCFFH Name: Katherine De Vera

CCFFH Address: 91-1039 Puaina St. Ewaleach Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(c)(3)	Lapse in delegation cannot be corrected Case management agency RN made home visit for delegation on 1-31-2020 and all caregivers received instruction and delegation for suppository	2-4-20	Home will ask case management agency for delegation for all new client or medical procedures and also verify all medical supplies ordered are present.
52-b	Lapse in having rental agreement statement of using home for community care foster family home cannot be corrected. Updated agreement with this statement added to the home.	2-4-20	Home will review each new rental agreement for required statement and request all needed approvals from landlord in writing.

Primary Caregiver's Signature: Katherine De Vera

Print Name: Katherine De Vera

Date of Signature: 2-4-20