

# Foster Family Home - Corrective Action Report

Provider ID: 1-512344

Home Name: Estrelita Caramancion, CNA

Review ID: 1-512344-6

94-727 Kuhaulua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/4/2020

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

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

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 3/4/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality/privacy training done for CG#2 and CG#3. Form not seen in home binder.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e)- No CTA SCG approval form seen in home binder for CG#2 and CG#3.

## 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 for [REDACTED] on CG#1, CG#2, and CG#3 for Client #1.

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## 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.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medication side effects seen in Client #1's chart.

47.(e)- No RN delegation done for [REDACTED] on CG#1, CG#2, and CG#3 for Client #1.

## Foster Family Home Physical Environment [11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)- No smoking policy seen in home binder.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No signature of CG#2 seen in Emergency Preparedness Plan form in home binder.

## Foster Family Home Client Rights [11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(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;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(1)- No signed Admission Policy and Agreement seen in home binder for Client #1.

53.(b)(9)- One of the client's bedroom door has no approved lock.

53.(b)(15)- No visiting hours seen in home binder.

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

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

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)- Client #1's Face/Information Sheet without contact information of Guardian's name and telephone number.

54.(c)(6)- Monthly RN Visits Records/Assessment for Client #1- dates missing: January 2019 thru July 2019. Assessment forms not seen in Client #1's chart/binder.

Mahesh Mahalingam, RN  
Compliance Manager

2/4/2020  
Date

[Signature]  
Primary Care Giver

2/4/2020  
Date

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

CCFFH Name: Estrelita Caramancion  
 CCFFH Address: 94-727 Kuhaulua Place, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(6)(5)	CG#2 and CG#3 were trained on Confidentiality/Privacy and both signed the form. Completed form was filed in home binder.	2/5/20	In the future, CG#1 will train all new caregivers within 2-3 days of adding them to home.
41.(e)	CG#2 and CG#3 were Approved by the CTA SCG approval form and filed in home binder.	2/24/20	In the future, CG#1 will keep all new caregivers CTA SCG approval form in the home binder.
43.(c)(3)	CG#1, CG#2 and CG#3 were RN delegated, trained and signed for [REDACTED] Signed Delegation form was filed in home binder.	2/6/20	In the future, RN will train and delegate all new caregivers within 2-3 days of adding them to home.
47.(c)	CG#1 filed the Medication side effects on Client#1's binder.	2/7/20	In the future, CG#1 will file the copy for new medications side effects in each clients' binder.

Primary Caregiver's Signature: *Estrelita Caramancion*

Print Name: Estrelita Caramancion

Date of Signature: 3/3/14

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

CCFFH Name: Estrelita Caramancion

CCFFH Address: 94-727 Kuhaulua Place, WAipahu, Hi 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.(e)	CG#1, CG#2, and CG#3 were RN dellegated,trained and signed for [REDACTED] Signed and form was filed in Client#1's binder.	2/6/20	In the future, RN will delegate,train sign all new caregivers within 2-3days of adding them to home.
49.(e)	CG#1 kept No Smoking in Home binder.	2/6/20	In the future, CG#1 will keep copy of No Smoking Policy in home binder.
50. (a)	CG#1 trained CG#2 with the Emergency Preparedness Plan. CG#2 signed and form awas filed in home binder.	2/5/20	CG#1 will train all new caregivers with 1-2 day sof adding them to home.
53. (b)(1)	CG#1 explained the CCFFH Admission Policy to Client #1's Guardian and provided a copy. The Original document was filed in home binder.	2/18/20	CG#1 will make it a priority to have the CCFFH Admission Policy and Agreement done upon Admission of new client to home.

Primary Caregiver's Signature: *Estrelita Caramancion*

Print Name: Estrelita Caramancion

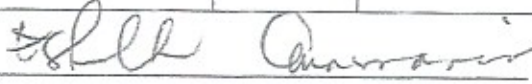
Date of Signature: 3/3/14

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CCFFH Name: Estrelita Caramancion

CCFFH Address: 94-727 Kuhaulua Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53.(b)(9)	CG#1 changed one of the client's bedroom door with approved lock.	2/7/20	CG#1 will ensure the client's 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.
53.(b)(15)	CG#1 kept Visiting Hours in Home binder.	2/7/20	In the future, CG#1 will keep copy of Visiting Hours in home binder.
54.(c)(1)	Client #1 Face Information Sheet was updated by CMA RN. Form was filled in Client's binder.	2/14/20	CG#1 will ensure that client's Vital Information are correct.
54.(c)(6)	CG#1 contacted CMA RN to provide the Monthly RN visits of January 2019 thru July 2019. Documents were filed in Client#1's chart/binder.	2/14/20	In the future, CG#1 will ensure that the Monthly RN Visits/ Assessments Forms are filed in client's charts.

Primary Caregiver's Signature: 

Print Name: Estrelita Caramancion

Date of Signature: 3/3/14