

# Foster Family Home - Corrective Action Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

94-843 Awane'i Street

Waipahu

HI 96797

Review ID: 1-559065-8

Reviewer: Maribel Nakamine

Begin Date: 11/17/2020

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

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

Comment:

Annual CCFFH visit for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH visit with all items due to CTA within 30 days.

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 evidence of HHM#3 being trained in confidentiality policies and procedures and client privacy rights.

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

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;

Comment:

53.(b)(9)- Client #1's bedroom door knob without a lock from the inside. Under the My Choice My Way, clients' should be afforded a lock inside their bedroom to provide for their privacy.

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

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)(5)- Medication discrepancies noted for Client #1- there was one medication without a time written on the Medication Administration Record(MAR) and no signatures in the MAR that medication had been given or administered to client since 11/1/2020- 11/17/2020. An adverse event will have to be completed by CG#1.

54.(c)(6)- Client #2's ADL/Daily Care Flowsheet was signed ahead of days from 11/18-11/22/2020. Current date today is 11/17/2020.

*Maribel Nakamine, RN* 11/17/2020

Compliance Manager

Date

*[Signature]*

Primary Care Giver

11-17-20

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Antonia Delos Santos

(PLEASE PRINT)

CCFFH Address: 94-843 AwaneI St Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16. (b) (5)	CG#1 trained HHM#3 with the CCFFH confidentiality policies and procedures and clients privacy righth.	11/17/20	In the future all caregivers and household members will receive training within 7 days of adding to CCFFH.
53.(b) (9)	Client #1's bedroom door knob had been replaced to a door knob with lock from the inside of the room for clients privacy, Under the My Choice My Way.	11/17/20	In the future, I make sure that all door knob of client's bedroom are able to lock from the inside for clients privacy, under the My Choice My Way.
54.(c) (5)	Client #1, PCG trained all CG who is administering medication to clients, that always documents the time, date and initial on the right medication log.	11/17/20	To prevent similar deficiency from happening again, PCG make sure that all caregivers administering medication to clients will always documents the date, time and initial on the right medication log provided by CM instead of a separate piece of paper.
54.(c) (6)	Client #2. PCG trained all CG who is rendering daily care task to client, only initial on the time and date when the service is rendered.	11/17/20	In the future, PCG make sure that all CG rendering daily care task to clients will only initial on the date and time of service.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 11-17-20

CTA has reviewed all corrected items