

Foster Family Home - Corrective Action Report

Provider ID: 4-511057

Home Name: Imelda Cordero, CNA

Review ID: 4-511057-9

74 Kuuhoa Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/6/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/6/2020.

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) - Missing documentation of fire drill conducted in 5/20 and 6/20

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

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50.(d) - Home has front gate that is locked that does not have method to notify PCG/SCG of visitor presence.

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) - Client #1-Documenting medication as given until present when order was DC'd in 10/19. MAR does not match current medication orders.

54.(c)(6) - Client #1-missing initial service plan (due 9/19) and 6 month updated service plan.
Client #2-missing CM visit notes from 2/20 and 5/20.



Compliance Manager



Primary Care Giver

8/6/2020

Date

8/6/2020

Date

8/6/2020 20:13 PM

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: IMELDA CORDERO
(PLEASE PRINT)

CCFFH Address: 74 KUUHOA PL, KAHULUI, HI. 96732
(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?
46.a	Deficiency cannot be corrected.	08/06/20	Create Tickler Calendar and assign DUE date for each SCG. File calendar in a Communication Folder to review concurrently every month.
50d	Purchased a bell to attached to Gate area.	08/20/20	Bell to be accessible to guests visiting the home. (Image)
54c5	Deficiency cannot be corrected	08/20/20	Concurrently review chart for matching MD order, Service Plan, Pharmacy Script, and MAR, especially when new changes occur.
54c6	Visit Notes Client 2 Service Plan/ Update, Provided Visit notes 2/20, 5/20 Provided Service Plan / Update	08/20/20	Concurrently review chart for Service Plan updates. Communication Folder to cross reference updates, monthly.

All items that were fixed are attached to this CAP

PCG's Signature: Imelda Cordero

Date: 8-20-2020

CTA has reviewed all corrected items