

Foster Family Home - Corrective Action Report

Provider ID: 1-518714

Home Name: Imelda Fagaragan, CNA

Review ID: 1-518714-9

94-1167 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/7/2020

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 8/7/2020.

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

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- Clients' shower without a non-skid bath mat/rug.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2)- No proper dining area noted in clients' area of the home. Dining table is in Client #1's bedroom. Observed Client #2 having her lunch inside Client #1's room.

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

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No doorbell buzzer/intercom outside of gate. Observed that there was a dog near the garage.

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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;
- 53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

53.(b)(9)- Clients #1 and #2 have video monitoring inside their rooms. No written authorization from clients/family/POA seen in each client's chart.

53.(b)(16)- Kitchen/refrigerator located upstairs. Clients are unable to have access.

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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.(a)(1)- Evacuation map does not indicate the emergency exit doors.

54.(c)(5)- Medication discrepancy noted for Client #2- one medications was not available.

54.(c)(6)- No progress notes documented since Client#1's admission to CCFFH (12/28/19) in client's chart. No flowsheet seen in client's chart for daily care for the months of January, February, March, April, May, July 2020.

Client #2- No progress notes documentation seen in client's chart since admission (2014).

Marcus Makkarine, RN
Compliance Manager

Donald Fagan
Primary Care Giver

7/7/2020

Date

7/7/2020

Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Imelda Fagaragan

(PLEASE PRINT)

CCFFH Address: 94-1167 Hina Street, Waipahu, HI 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?
49.a.1	Bought a new bath mat and placed it in client's shower.	07/07/20	Going forward, home will place new bath mat in the bathroom for client's safety.
3P.c.2	Dining set was put back in the dining area.	07/07/20	Dining set should always be in the designated area of the home.
50.e	Wireless doorbell installed at the gate.	07/08/20	Wireless doorbell will be outside of the gate to ensure easy access.
53.b.9	Consent form was signed to authorized electronic camera monitoring.	07/17/20	Going forward, home will request consent form prior to installing a video camera to protect clients privacy rights.
53.b.16	Placed refrigerator in the clients dining area.	07/08/20	Home will provide access to the refrigerator.
54.a.1	Wrote exit to the evacuation map to indicate the emergency exit doors.	07/07/20	Home will revise evacuation map to reflect the exit signs.
54.c.5	Doctor refill was obtained for client #2 PRN medication.	07/08/20	Going forward, refill medications in a timely manner.
54.c.6	Filed current flowsheets and progress note to client #1 and #2 individual charts.	07/08/20	Home will do the flow sheets daily and record client status on the progress note. I will file back current year documentations when thinning client's chart.

All items that were fixed are attached to this CAP

PCG's Signature: Imelda Fagaragan

Date: 8/10/20

CTA has reviewed all corrected items