

# Foster Family Home - Corrective Action Report

Provider ID: 1-170014

Home Name: Jaimie Cabo, RN

Review ID: 1-170014-4

114 Kaniahe Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/21/2020

## 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 made.

Corrective Action Report issued during home inspection with all items due to CTA by 6/21/2020.

6.(d)(1)-See applicable sections of review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- CG's #1 & CG#2; HHM #2 & HHM & 3 with expired eCrim 4/17/2020 and renewal dates of 5/15/2020

8.(a)(2)- CG#1 APS/CAN 5/5/2019 renewed 5/30/2019.

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

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

Comment:

41(d)- CCFFH used 2 unapproved CG's (CCFFH is 3 client) on 7/22/2019; 2/22/2020; 3/22/2020; 5/2/2020; 5/20/2020.

## Foster Family Home Medication and Nutrition [11-800-47]

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.(e)- Client #1 with [REDACTED] no RN delegation in chart.

# Foster Family Home - Corrective Action Report

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;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- No non-slip surface in clients shower area.

49.(a)(4)- 2 Emergency exits blocked without clear path for wheelchairs with multiple household items;( tires; bike; shelves; hose; tables).

49.(c)(3)- Client #1 bedroom window obstructed with weight rack on outside.

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 bedrooms #2 & #3 without approved doorknobs. Per MY CHOICE MY WAY; clients need to be able to lock bedroom doors from the inside for privacy.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medications discrepancies noted on Client #2 & #3.

Client #2: Medication Administration Sheet was last signed 5/16/2020.

Client #3: One medication expired 2015; another medication expired 3/2020.

The Medication Administration Record Last signed 5/16/2020.

One Medication was not transcribed on the MAR.

Thaisel Nakawine, RN  
Compliance Manager

[Signature]  
Primary Care Giver

5/21/2020  
Date

5/21/20  
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: Jaimie Cabo  
(PLEASE PRINT)

CCFFH Address: 114 Kaniahe Place Wahiawa Hawaii 96786  
(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?
8.(a)(1)	Obtained Ecrim for CG#1, CG#2, HHM#2, and HHM#3 and showed to CTA compliance manager current Ecrim. Documents were all filed in home binder.	5/15/20	Pre-schedule reminder in iphone.
8.(a)(2)	Obtained APS/CAN for CG#1 and showed to CTA compliance manager current APS/CAN. Documents were all filed in home binder.	5/30/19	Pre-schedule reminder in iphone.
41.(d)	completed substitute change form to remove 2 unapproved caregivers and filed in home binder.	5/21/20	Adhere to HAR requirements for substitute caregivers.
47.(e)	informed RN case manager from [REDACTED] and scheduled delegation training for CG#1 and CG#2 and filed in home binder.	6/4/20	Will notify CMA when RN delegation needs to be completed with any new nursing task.
49.(a)(1)	added non-skid rubber bath mat in shower.	5/24/20	Ensure bath mat is used during shower to prevent slips and falls.
49.(a)(4)	removed items for a clear pathway for each emergency exits.	5/24/20	Will keep emergency exits paths clear for wheelchair accessibility in the event of an emergency.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 6/4/20

CTA has reviewed all corrected items

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: Jaimie Cabo

(PLEASE PRINT)

CCFFH Address: 114 Kaniahe Place Wahiawa Hawaii 96786

(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.(c)(3)	removed weight rack and cleared items blocking the window.	5/24/20	Will keep windows clear and unobstructed in accordance to HAR rules.
53.(b)(9)	changed doorknobs with approved self locking mechanism to allow clients privacy.	5/24/20	Will make sure doorknobs are working properly in accordance to MY CHOICE MY WAY to allow clients to lock bedrooms doors for privacy.
54.(c)(5)	Documented administration on MAR for client #2 and #3.	5/21/20	Document medication administration after each medication is given.
	Disposed of expired medication and obtained new refill for medications.	5/22/20	Will check expiration dates on each medication bottle and dispose of medication by expiration date.
	Transcribed medication onto MAR.	5/21/20	Transcribed new medication orders immediately onto MAR and fax new order to CMA.

All items that were fixed are attached to this CAP

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



Date: 6/4/20

CTA has reviewed all corrected items