

Foster Family Home - Corrective Action Report

Provider ID: 1-100124

Home Name: Josefina Saoit, CNA

94-192 Kaima Place

Waipahu

HI 96797

Review ID: 1-100124-7

Reviewer: Julie Hastings

Begin Date: 2/28/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/29/2020.

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;

Comment:

8.(a)(1)
HHM#1 APS/CAN lapsed. Was done on 1/15/2018. It was due again on or before 1/15/2020. It was completed 1/28/20.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(3) Env. the room must be at least 140 square feet

(3P)(a)(4) Env. the room must have at least three (3) feet between the beds

Comment:

(3P)(a)(3) Env.
Client #2 and Client #3 sharing a bedroom that is only 100sq feet. To share a room it must be a minimum of 140 sq feet.

(3P)(a)(4) Env.
Client #2 and Client #3 beds are about 1 inch apart. end to end

(3P)(a)(5) Env.
Only room for 1 dresser in current room with Client #2 and Client #3

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)
Under the my choice, my way MedQuest rules, clients must be able to lock their bedroom and bathroom doors for privacy. Client #2 and Client #3 shared bedroom door cannot be locked or unlocked by clients safely.

Foster Family Home - Corrective Action Report

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 Medication Administration Record is not up to date. Last entry is 2/6/2020.

Client #2 last entry is 1/23/2020. There is no February 2020 Medication Administration record.

54.(c)(6)
No November 2019, December 2019, January 2020 Nurse Assessment in chart for Client #1.

Julie A. Masterson RSN, RN
Compliance Manager

Johanna T
Primary Care Giver

2/28/2020
Date

2/28/2020
Date

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

CCFH Name: JOSEFINA SAOIT
 CCFH Address: 94-192 Kaima Place
 Waipahu HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a1	lapse cannot be corrected	2/28	Calendar reminder for 2 months prior to expiration in Binder
3p a3 a4 a5	client #3 moved into private room	3/4/2020	All clients will have a minimum of 70 square feet to share or will have own room
5369	Door handles changed for client #1 & #2 doors	3/4/2020	All clients will have doors that can be locked from inside
5425	client #1 & #2 - medication up to date	3/4/2020	Medications will be charted daily
5466	All nurse assessments now up to date for client #1	2/29/2020	I will ask CMA RN for assessments monthly

Primary Caregiver's Signature: [Signature]

Print Name: JOSEFINA SAOIT

Date of Signature: 03/04/2020