

Foster Family Home - Corrective Action Report

Provider ID: 1-560971

Home Name: Julia Balon, CNA

Review ID: 1-560971-8

94-363A Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/3/2020

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

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

Comment:

Annual Visit made.

Corrective Action Report issued during home visit with all items due to CTA by 7/3/2020.

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

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

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

Comment:

8.(a)(2)- APS/CAN lapsed for CG#1 on 8/15/19 and renewed on 10/3/19. CG#5's APS/CAN lapsed on 4/5/2020 and no current renewal seen in home binder.

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 intercom/doorbell buzzer outside of home's gate; there were 2 big dogs inside of gate.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2 and Client #3.

Client #1- One medication label does not match the doctor's order and the Medication Administration Record (MAR)- client has not received any dose since 4/1/2020 (latest MD order was for twice a day). Three as needed medications were not available; currently has doctor's orders and listed in the MAR.

Client #2- Five as needed medications were not available and currently with doctor's orders and listed in the MAR.

Client #3- Six as needed medications were not available; currently with doctor's orders and listed in the MAR.


Compliance Manager

Date

6/3/2020


Primary Care Giver

Date

6-3-2020

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: Julia Balon
(PLEASE PRINT)

CCFFH Address: 94-363 A Honowai St, 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? |
|-------------|---|-------------------------------|---|
| 8.0.2 | CG #1 Lapsed cannot be connected. CG #5 Provided a current result APS/CAN. Result was filed in home binder. | 07/12/20 | Will use a wall calendar to put all due dates on. Background check will be done at least 2-3 months before due date to prevent lapses. Always kept current results on home binder. |
| 50.e | Installed buzzer at gate door. | 7/14/20 | For safety of the visitors from the dogs inside gate. |

All items that were fixed are attached to this CAP

PCG's Signature: Julia Balon

Date: 8/9/2020

CTA has reviewed all corrected items

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: Julia Balon
(PLEASE PRINT)

CCFFH Address: 94-363 A Honowai St., Waipahua 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? |
|-------------|---|-------------------------------|--|
| 54.c.5 | CG#1 called MD and CMA RN to assist with medications discrepancies for client #1, client #2, and client #3. | | Client #1 Will double check administration records MD orders, and bottles to ensure they all match everytime before giving a medication. Refill as needed medication if not on hand. |

All items that were fixed are attached to this CAP

PCG's Signature: Julia Balon

Date: 8/9/2020

CTA has reviewed all corrected items