

Foster Family Home - Corrective Action Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

Review ID: 1-150046-6

94-116 Haaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/12/2020

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 CCFH recertification completed.

Corrective Action Report issued during home inspection with all items to CTA by 7/12/2020.

6.(d)(1)- see applicable sections of the 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), (2)- CG#1's APS/CAN lapsed on 9/12/19 and renewed on 9/24/19. CG#2 and CG#3's APS/CAN lapsed on 6/7/2020 and no renewal seen in home binder. CG#4's APS/CAN/Fingerprinting expired on 5/15/19 and renewed on 10/18/19. CG#5's APS/CAN lapsed on 2/9/2020 and renewed on 2/13/2020. CG#6's APS/CAN/Fingerprinting lapsed on 3/7/2020 and no renewal seen in home binder. HHM#1 APS/CAN lapsed on 6/7/2020 and no renewal seen in home binder.

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, clients' bedroom doors requires a lock from the inside for clients' privacy. There were no approved door locks for the 2 clients' bedrooms.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

Comment:

54.(a)(1)- Evacuation Map does not indicate exit doors.

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

Client #1- 6 medications that are listed on the Medication Administration Records(MAR) were not available.

Client #2- 3 medications were not available that are listed on the MAR. One medication was written twice in the MAR with 2 different doses and both doses(MD ordered only one dose) were signed by CG#1.

Maribel Nakamine, RN
Compliance Manager

Date

Lilia Basilio
Primary Care Giver

Date

6/12/2020

06-12-2020

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: Lilia Basilio
(PLEASE PRINT)

CCFFH Address: 94-116 Ha'aia 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-A.1,2	Lapse cannot be corrected. CG#2, CG#3 and HFM#1 obtained renewed APS/CAN. CG#6 renewed APS/CAN/Fingerprinting. All documents were filed in home binder.	06/15/2020	I will put a reminder note in front of my refrigerator that it's about time to renew of the following such as eCRM, APS/CAN, Fingerprint prior 2-3 weeks before the expiration.
53.b.6	Door locks were changed on clients bedrooms.	06/13/2020	Home will adhere to the My choice My way rules for clients privacy rights
54.g.1	Evacuation map was revised to indicate exit doors.	06/13/2020	Home will make changes on evacuation map as needed.
54.c.5	Medication discrepancies was corrected by CG#1. Medication listed on the MAR are all available although it was presented late.	06/13/2020	I will check all patients medication be presented well when CTA comes. And I should be aware of all medication administration records to be signed.

All items that were fixed are attached to this CAP

PCG's Signature: Lilia Basilio

Date: 07/07/2020

CTA has reviewed all corrected items