

Foster Family Home - Corrective Action Report

Provider ID: 1-190086

Home Name: Ailene Mabanag, CNA

Review ID: 1-190086-3

94-332 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/16/2020

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 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/16/2020.

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)- CG#2's APS/CAN/Fingerprinting lapsed on 8/19/2020 and no renewal seen in home binder.

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

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization from landlord in the Rental Agreement for CG#1 to operate a CCFFH.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No Monthly Fire Drill Form completed since 1/4/2020.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No Admission Policy and Agreement done on day of admission for Client #1.

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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)- Medication discrepancies noted for Client #1. There were 4 medications listed in the Medication Administration Record without doctor's orders.

54.(c)(6)- No signatures of CG#1/caregivers after each dated entries on Client #1's progress notes since 1/13/2020 till present.

Shirel Nakwaine, M

Compliance Manager

Amabana, PCG

Primary Care Giver

9/16/2020

Date

9/16/2020

Date

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: Ailene E. Mabanag
(PLEASE PRINT)

CCFFH Address: 94-332 Kahualena 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?
54.c.5	Medication discrepancy was corrected by Client #1's CMA, MD and PCG on client's Medication schedule checklist.	10/5/20	PCG will be sure that medications are updated and corrected to ensure that Home has all necessary medication bottles for Client. Home will immediately notify CMA, Pharmacy and/or doctor if there are changes.
54.c.6	Lapse cannot be corrected. Client #1's CMA has delegated and instructed PCG on how to properly make entries on progress notes for Client.	9/20/20	PCG and SCG(s) will be sure to sign after each dated entries on Client #1's progress/observation notes.

All items that were fixed are attached to this CAP

PCG's Signature: *A. Mabanag*

Date: 10/7/2020

CTA has reviewed all corrected items

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	APS/CAN/Fingerprinting renewed for SCG #2 on 9/2/2020. Lapse cannot be corrected	9/17/20	Home will use a wall calendar to put all due dates on. Background checks will be done at least 4 weeks before due date to prevent future lapses.
41.a.1	Written authorization form completed and signed by Landlord in agreement to operate a CCFFH. Home placed it into home record.	10/6/20	PCG understands the importance of such requirement. Home will be sure to have the authorization form included in the home binder at all times.
46.a	Monthly Fire Drills missing were misplaced but found. They are now up-to-date and placed into home record.	9/25/20	Home understands the importance of such documents. PCG and SCG(s) will be sure to file them into the home binder right away to prevent misplacement.
53.a	Admission Policy and Agreement was not done and has lapsed for Client #1. Home completed and placed it into Client's record.	9/18/20	PCG understands the importance of such documents. PCG will be sure to have documents included in the Client's record at all times.

All items that were fixed are attached to this CAP

PCG's Signature: *Gemabanaq*

Date: 10/7/2020

CTA has reviewed all corrected items