

Foster Family Home - Corrective Action Report

Provider ID: 1-560905

Home Name: Anita Pinera, CNA

Review ID: 1-560905-17

907 Winant Street

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 10/14/2020

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 11/14/20.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire
No Fire drill for August or September

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 new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. There are no locks present on either client bedroom doors or bathroom door.

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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)

Client #1 Medication Administration record missing for September. October only charted until 10/8/2020.
Client #2 only charted until 10/10/2020.

54.(c)(6)

Personal care/daily observation flow sheets missing September for Client #1

54.(c)(6)

No August or September RN flow sheets present for Client #1 or Client#2



10/14/2020

Compliance Manager

Date



10/21/2020

Primary Care Giver

Date

CTA RN Compliance Manager:

Jenni Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Anita C. Pinera

(PLEASE PRINT)

CCFFH Address: 907 Winant Street , Honolulu HI 96817

(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?
6.(d)(1)	Home inspection certificate for a 3 person CCFFH approved on 12/23/2019	12/23/2019	Attached a copy of the certificate on the administrative folder of the primary caregiver.
(3p)(b) (1)Fire	Monthly fire drill completed and documented for August, September and October.	10/18/2020	Schedule monthly fire drill on the first week of the month. Inform substitute caregivers 1 week before the scheduled fire drill.
53.(b) (9)	Changed all clients bedroom door to be locked only from the inside to provide privacy for the clients.	10/19/20	Changed all bedroom and bathroom door locks immediately when doorlocks are broken to provide clients privacy at all times.
54.(c) (5)	Medication checklist was completed for September and completed missing dates for October immediately.	10/15/2020	Medication checklist should be documented everyday and to prevent medication error.
54.(c) (6)	Completed documentation of personal services daily on the flow sheets for client #1 accurately and have the RN signed and checked the documentation.	10/20/2020	Document daily all personal services provided to client without fail.

All items that were fixed are attached to this CAP

PCG's Signature: Anita C. Pinera

Date: 10-21-20

CTA has reviewed all corrected items