

Foster Family Home - Corrective Action Report

Provider ID: 1-100127

Home Name: Armando Biacan, CNA

94-565 Loaa Street

Waipahu HI 96797

Review ID: 1-100127-11

Reviewer: Maribel Nakamine

Begin Date: 10/20/2020

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

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

Comment:

CCFFH inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during inspection with all items due to CTA within 30 days.

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 7/24/19 and renewed on 9/8/2020; CG#2's APS/CAN lapsed on 8/22/2020 and renewed 9/8/2020; CG#3's APS/CAN lapsed on 6/16/19 and renewed on 9/8/2020 and Ecrim lapsed on 6/5/19 and renewed on 8/28/19; HHM#3's APS/CAN lapsed on 8/22/2020 and renewed on 9/8/2020; HHM#4's APS/CAN lapsed on 8/22/2020 and renewed on 9/8/2020; HHM#6's APS/CAN/Fingerprinting lapsed on 12/17/19 and no renewal seen in CCFFH binder; and HHM#7's APS/CAN lapsed on 7/29/2020 and renewed on 9/8/2020.

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- CG#2 and CG#3 had not conducted a monthly fire drill for the past 2 years.

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 completed Admission Policy and Agreement for Client #1, Client #2, and Client #3 since admission to the CCFFH.

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Foster Family Home

Records

[11-800-54]

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

54.(c)(1) Client's vital information;

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

Comment:

54.(a)(1)- Evacuation map of the CCFFH does not reflect the current structures of the home; the upstairs and an additional room on the side of the first floor were not indicated/included.

54.(c)(1)- No Face/Information form seen in Client #1's chart; Client #2's face/information form does not include the medicaid number and plan.

54.(c)(5)- Medication discrepancy noted for Client #1- one medication was not transcribed in the Medication Administration Record.

Maikel Nakamine, RW
Compliance Manager

10/20/2020
Date

[Signature]
Primary Care Giver

10/20/2020
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: Armando Biacan

(PLEASE PRINT)

CCFFH Address: 94-565 Loaa Street, 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.	10/20/20	CG#1 will use an iphone calendar to schedule due dates alert 2-3 months in advance.
(3P)(b) (1)	CG#2 conducted a monthly fire drill on 10/25/2020 and CG#3 is scheduled for 11/5/2020. Completed form for October is filed in CCFFH binder.	10/25/20	In the future, all caregivers will be scheduled at least once a year.
53.(a)	The Admission Policy and Agreement was explained to Client #1/POA, Client #2/POA, Client #3/POA. Signatures obtained and copies given to each clients/POAs. Original was filed in CCFFH binder.	10/21/20	In the future, CG#1 will initiate the Admission Policy and Agreement on client's admission day to the CCFFH.
54.(a) (1)	Evacuation Map revised	10/21/20	In the future, CCFFH will promptly revise to reflect changes in the homes structures.
54.(c) (1)	CG#1 contacted CMA RN to update Client #1 and Client #2.	10/22/20	CG#1 will contact clients' CMA when there are changes to client's information.

 All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10/30/20 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: Armando Biacan

(PLEASE PRINT)

CCFFH Address: 94-565 Loaa Street, 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)	CG#1 contacted CMA RN to assist with correcting the Medication Administration Record.	10/21/20	CG#1 and all caregivers will double all new medications against the doctors' orders, medication label, and the Medication Administration Record. If anything doesn't match, CG#1 and caregivers will contact the CMA RN, doctor, and or Pharmacy.

 All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10/30/20
 CTA has reviewed all corrected items