

Foster Family Home - Corrective Action Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, CNA

Review ID: 1-130050-10

91-706 Poloula Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/9/2020

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 made for a 2 bed annual inspection. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Increase to 3 bed approved

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No training on their confidentiality policies and procedures and client privacy rights for HHM # 2

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41. f (2) Household member # 2 has resided in the CCFFH since March without background checks
41.(f)(1) Household member # 2 has resided in the CCFFH since March without TB clearance

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) [REDACTED] ordered by MD on 8/11/2020 for client # 1 has not be given

There is no MD signed diet order for client # 2 in the clients binder

47.(c) Medication errors and discrepancies between the Medication administration record / prescription label bottle and signed MD order were identified during this survey. An adverse event form is required to report immediately to the client's physician, and the case management agency

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Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no grab bars reachable from the clients toilet

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 The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home.

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources

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

Comment:

(54.a.3) No covid-19 worksheet present required per CCFFH Newsletter number 60, available on CTA website

54.c.5 Medication discrepancy for client #2 – 1 medication prescription label did not match medication administration record or signed MD order including:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED] although client uses night only. No evidence of attempt to request MD to approve a change in order to PRN (based on patient preference)
4. MAR has no [REDACTED] signed as given [REDACTED]

54.(c)(5) Client # 2 medication administration record has not been signed since 10/06/20 for any medications for client # 1 or # 2

Chamberlain RA
Compliance Manager

[Signature]
Primary Care Giver

10/09/2020
Date

10/09/2020
Date

CTA RN Compliance Manager: Terri Van Houten RN

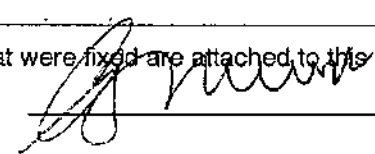
**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Baltazar Mayo
(PLEASE PRINT)

CCFFH Address: 91-706 Poloula Place, Ewa Beach, Hi 96706
(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?
16.b.5	HHM #2 signed confidentiality Policies & Procedures & Client Privacy Rights	Oct 15	The home shall keep a record book or binder for easier updating
41.f.1	HHM #2 obtained TB Screening Test	Oct 14	PCG shall require TB clearance if home stay exceeds, pandemic or pandemic lockdown.
41.f.2	eCrim was secured. Note: Unable to obtain Fieldprint, HHM #2 finally able to book her flight	10/23	Pandemic lockdown caused HHM #2 to overstay what supposed to be just one week visit.
47.c	Discrepanccies taken up with MD via Zoom conference.	Oct 15	PCG shall document result of Zoom conference via Progress notes and presented/signed by CMA
47.d.1	Client #1 [redacted] was available on MD's order but client refused.	Oct. 10	PCG shall document on progress note client issues and reported to CMA
	Client #2 Requested copy of MD order for regular diet	Oct 14	PCG shall keep a copy in client binder at all times
49.a.2	Appropriate grab bars ordered, installed	Oct 26	The home shall comply with safety requirements prior to sending application for 3-bed capacity

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/31/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

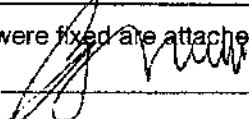
**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-300**

PCG's Name on CCFFH Certificate: Baltazar Mayo
(PLEASE PRINT)

CCFFH Address: 91-706 Poloula Place, Ewa Beach, Hi 96706
(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?
50.e	Installed door bell for quick access into home	Oct 20	The home shall keep a list of requirements and be compliant
54.a.3	Printed copies of CTA newsletters, be read, understood and make it available at all times	Oct 10	The home shall keep a binder of CTA newsletters and circulars, study its contents and comply with all directives
54.c.5	Coordinated with CMA, asked to print new MAR when changes occur. Record meds as they are administered	Oct 20	PCG shall ask/request CMA assistance as it deemed necessary for orderly recording in compliance with MD orders

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/31/2020

CTA has reviewed all corrected items