

Foster Family Home - Corrective Action Report

Provider ID: 1-511908

Home Name: Bernadette Velasco, RN

Review ID: 1-511908-8

91-1030 Kalohee Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/5/2020

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 required to CTA within 30 days

Foster Family Home

Client Rights

[11-800-53]

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges.

53.(b)(15) Have daily visiting hours and provisions for privacy established.

Comment:

54.a.3 No covid worksheet present in home administrative binder

53.(b)(15) visiting hours state limited to 9am-4 pm Per "My choice my way" visiting hours cannot be restricted

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5) Client # 1 medication administration record has not been signed since 10/01/2020 for any medications 2 medications not signed at all for October

Jackie Chamberlain RN
Compliance Manager

10/05/2020
Date

Bernadette Velasco
Primary Care Giver

10/5/2020
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Bernadette Velasco

(PLEASE PRINT)

CCFFH Address: 91-1030 Kaiohee st, 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?
54.a3	Covid worksheet is placed in my home binder.	10/5/20	I will make sure that I check my CTA emails on time.
53.(b) (15)	Changed visitng hours to unlimited.	10/5/20	I will read the CTA newsletter on time and periodically update my home binder.
54.(c) (5)	The MAR will be signed as soon as the medication is given.	10/5/20	I will perform daily reassessment to ensure proper medication administration procedures are followed.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Bernadette Velasco

Date: 10/5/20

CTA has reviewed all corrected items