

Foster Family Home - Corrective Action Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-8

430 Puolo Place

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 9/21/2020

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 10/21/2020.

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#3 lapse in eCrim report. (#3 exp. 7/17/20)

8.(a)(2) - CG#3 lapse in APS/CAN (expired 7/19/20)

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) - Last documented fire drill was on 11/2019

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 evidence of fire drills conducted monthly since 12/19

Foster Family Home - Corrective Action Report

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) - Lack of documentation for Medication Administration records.
Client #1-MAR missing from 1/2020-6/2020. Client #2-MAR missing from 1/2020 to current.

54.(c)(6) - Lack of documentation for provision of care and progress notes.
Client #1-Last Personal care documented 6/3/2020. Last PG progress note from 12/31/2019.
Client #2 - Last personal care documented 5/2020 and last CG progress note from 2/2020


Compliance Manager

9/21/2020
Date


Primary Care Giver

9-21-2020
Date

CTA RN Compliance Manager: _____

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)**

Chapter 11-800

CCFFH Name: Carmelita Quemado

CCFFH Address: 430 Puolo Place Kahului HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1 8.a.2	Lapse cannot be corrected	09/22/2020	Home will use a wall calendar and a phone reminder/ alarm to put all due dates for fingerprints/ APS/CAN on. Background checks will be done at least 2 weeks before due date to prevent future lapses. Documents will be put inside the binder right away to prevent it from misplacing of documents.
46. a 3P.b.1	started to conduct fire drill for the month of september. Fire drill sign up sheet is placed right away inside the [redacted] binder.	09/22/2020	Home will set up an phone alarm for any day of the month at any given time during morning, evening, or night to remind me in conducting a fire drill. This will make sure that a fire drill is done before the end of the month. Fire drill sign up sheet should be signed and should be place into the home [redacted] binder right away to prevent it from misplacing of documents.
54.c.5	Missing MAR cannot be corrected missing daily documentation of MAR cannot be corrected. Medications was given but forget to sign) Starting to chart the following day	09/22/2020	PCG/SCG will chart right away as soon as medication is given to prevent from forgetting it. after completing the Monthly MAR for each client. A copy of the document will be save in a secure file on my computer for future reference incase original documents get missing.
54.c.6	Started charting the flow Sheet of each clients on the following day.	09/22/2020	PCG/SCG will chart right away as soon as care is given to prevent from forgetting to chart.

All items that were fixed are attached to this CAP.

Primary Caregiver's Signature: Cm quemado

Print Name: CARMECITA M. QUEMADO Date of Signature: 2-22-2020

CTA has reviewed all corrected items