

# Foster Family Home - Corrective Action Report

Provider ID: 1-511122

Home Name: Catalina Tano, LPN

Review ID: 1-511122-8

94-1312 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/24/2020

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

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/24/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 7/20/19 and renewed on 8/23/19; CG#3's APS/CAN lapsed on 9/8/19 and renewed on 10/9/19.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2's closet door is off the track which can cause injury to client if it falls.

## Foster Family Home Records [11-800-54]

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

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.(a)(1)- Evacuation Map is incomplete. It doesn't reflect the upstairs part of the home.

54.(c)(5)- Medication discrepancy noted to Client #2. Four medications were not available. Per CG#1, doctor gave verbal order to discontinue; No written orders seen in client's binder/chart.

54.(c)(6)- No charting/documentation in Client #1's progress/observation form since 2/1/2020.

*Maribel Nakamine, MA*

Compliance Manager

*Catalina Tano*

Primary Care Giver

*9/24/2020*

Date

*9/24/20*

Date

CTN RN Compliance Manager: Maribel, Nakamine, RN

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

PCG's Name on CCFFH Certificate: Catalina Tano  
CCFFH Address: 94-1312 Huakai St., Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Preventive Strategy – How will you prevent each violation from happening again in the future?
6 (d)(1)	Lapsed, cannot be corrected.	<i>ct</i>	Home will use a wall calendar to schedule due dates two months in advance to prevent future lapses.
49(c)(3)	Client #2 closet was reinstalled properly.	9/26/2020	Daily check of client's closet door. If closet door becomes off track again, will take immediate action to correct it.
54(a)(1)	An updated drawing of the evacuation map to reflect the upstairs part of the home was completed and is visibly posted on the wall.	10/2/2020	An updated evacuation map will be completed immediately upon any changes to the facility.
54(c)(5)	Doctor's written order to discontinue medication for Client #2 was received and filed in Client #2 binder.	9/30/2020	Check for any discontinued medication and obtain written order from client's primary physician for medication no longer needed.
54(c)(6)	Cannot be corrected, unable to back chart,	9/24/2020	Morning and evening review of client's chart for consistency. Will chart/document in progress notes for observed behavior, condition of client, and/or significant events.

All items that were fixed are attached to this CAP

PCG's Signature: Catalina Tano

Date: 10/17/2020

CTA has reviewed all corrected items