

Foster Family Home - Corrective Action Report

Provider ID: 1-140059

Home Name: Cesaria Tabucol, CNA

Review ID: 1-140059-10

91-929 Kalapu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/7/2020

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 3 bed CCFFH recertification. corrective action required due to CTA within 30 days

Foster Family Home Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) APS/CAN and fingerprints done 3 months late (done 10/02/2020) result pending

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) and (2) 2 Adult household members were not disclosed to CTA. Both need background checks APS CAN Fingerprints. PCG needs new disclosure form

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)Confidentiality/ Privacy Rights Training missing for CG # 3

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with small steps a wheelchair client would not be able to access

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Cesaria Tabucol

(PLEASE PRINT)

CCFFH Address: 91-929 Kalapu Street Ewa Beach, HI 96706

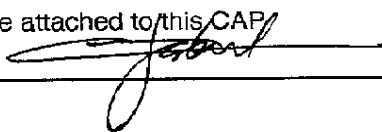
(PLEASE PRINT)

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?
7.(b)(1) (C)	Lapse can not be corrective.	10/2/20	Home will use a wall calendar to put all due dates on. Background checks will be done at least 1-2 weeks before due date to prevent future lapse.
8.(a)(1)	E-crim, Fieldprint (APS/CAN/ fingerprint) was done for all the household members.	10/7/20	PCG will make sure all household members comply with the rules.
8.(a)(2)	Disclosure form was already signed by PCG, household members.	10/7/20	PCG will make sure all household members comply with the rules.
16.(b) (5)	Confidentiality/ Privacy Rights Training was done and signed by CG#3	10/7/20	PCG will make sure all employees comply with the rules.
49.(a) (4)	Wheelchair accessibility was done by putting a ramp for patient to access common areas. Photo attached to this form.	10/7/20	Foster home must have wheelchair accessibility to patient to implement Per My choice my way for clients
54.(c) (5)	Medication discrepancy was corrected by client's CMA, MD on client 1,2,3 's Medication Administration record. CG#1 corrected and signed MAR	10/7/20	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication.



All items that were fixed are attached to this CAP

PCG's Signature: _____


Date: 10-24-20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Cesaria Tabucol

(PLEASE PRINT)

CCFFH Address: 91-929 Kalapu Street 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.(c) (5)	Medication discrepancy was corrected by client's CMA, MD on client 1,2,3 's Medication Administration record. CG#1 corrected and signed MAR for October Client's 1,2,3 See photo attached	10/7/20	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home immediately notify CMA, Pharmacy and / or doctor if they are different. CG#1 will make sure to sign MAR daily
54.(c) (6)	CG#1 daily documentation for personal care, skilled nursing daily check list, flow sheets was done and signed for October Client's 1,2,3 CG#1 recorded BP for Client #3	10/7/20	CG#1 will make sure to update and do daily documentation.
		10/7/20	CG#1 will make sure to record BP daily.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10-24-20

CTA has reviewed all corrected items