

# Foster Family Home - Corrective Action Report

Provider ID: 1-180077

Home Name: Cherry Ancheta, CNA

Review ID: 1-180077-4

91-1052 Anaunau Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/9/2020

## 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 CCFFH recertification. corrective action required within 30 days  
Increase to 3 bed CCFFH approved

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

(50.a) No COVID-19 preparedness Worksheet present

## 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) Client # 1 and # 2 medication administration record has not been signed since 09/05/20 for any routine or PRN medications

54.(c)(6) Client # 1 and # 2 no entry for personal care or skilled nursing daily check list since 9/05/20

J Chamberlain RN  
Compliance Manager

9/9/2020  
Date

Ancheta  
Primary Care Giver

9/9/20  
Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN, RN

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

PCG's Name on CCFFH Certificate: CHERRY ANN ANCHETA CCFFH  
(PLEASE PRINT)

CCFFH Address: 91-1052 ANAUNAU 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?
50.(a)	HOME NOW HAVE PRINTED COVID-19 PREPAREDNESS WORKSHEET EMERGENCY MANAGMENT POLICIES AND PROCEDURES FOR EMERGENCY SITUATIONS THAT MAY AFFECT CLIENTS, SUCH AS BUT NOT LIMITED TO; WAS PLACED IN A HOME A HOME BINDER.	9/14/20	CG#1 I WILL CHECK A CTA EMAIL REQUIREMENTS FOR NEW EMERGENCY SITUATIONS.
54(C)(5) 54(C)(6)	MEDICATION DISCREPANCY WAS CORRECTED AND SIGNED BY CLIENT'S CMA, MD AND CG#1 FOR CLIENT #1 AND #2 ON CLIENT'S MEDICATION ADMINISTRATION RECORD.	9/14/20	CG#1 I WILL LOOK AT ALL MEDICATION ORDER'S BOTTLES AND MAR TO ENSURE ALL MATCH BEFORE GIVING ANY NEW MEDICATION. HOME WILL NOTIFY CMA, PHARMACY OR DOCTOR IF THEY ARE DIFFERENT.

All items that were fixed are attached to this CAP

PCG's Signature: *Cherry Ann Ancheta*

Date: 9/14/2020

CTA has reviewed all corrected items