

Foster Family Home - Corrective Action Report

Provider ID: 1-150070

Home Name: Christine Villanueva, CNA

Review ID: 1-150070-8

95-307 Auhaele Place

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 8/4/2020

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 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 9/4/2020.

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

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), (2)- HHM #2's APS/CAN/Fingerprinting lapsed on 7/29/2020 and no renewal seen in home binder.

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- CG#1's last name changed since 3/4/2020. Primary disclosure form not updated to reflect a new household member in the home.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- Home's Client-Sign Out sheet is incomplete. Last signed on 1/19/2020.

Foster Family Home - Corrective Action Report

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(4) Fire shall include testing of smoke detectors

Comment:

(3P)(b)(1) Fire- last monthly fire drill was on 4/1/19.

(3P)(b)(4) Fire- 5 smoke detectors were non-functioning when tested during home inspection.

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)- Home has no evacuation map.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- No Medication Administration Record(MAR) started for the month of August. MAR was last signed on 7/24/2020. One medication was without a doctor's written order. One medication was not transcribed in the MAR and with MD order. Two medications do not match label, MD order, and MAR.

Client #2- No MAR started for the month of August. MAR last signed on 7/24/2020.

Client #3- No MAR started for the month of August. MAR was last signed on 7/28/2020. One medication was without a written MD order of the change in frequency.

54.(c)(6)- Activities of daily living flowsheet was last signed for Client #1 on 7/25/2020; for Client #2 was last signed on 7/26/2020; and for Client #3 was last signed on 7/26/2020.



Compliance Manager

8/4/2020

Date



Primary Care Giver

8/4/2020

Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: CHRISTINE VILLANUEVA
(PLEASE PRINT)

CCFFH Address: 95-307 AVHAELE PLACE MILILANI HI 96789
(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?
8(a) (1),(2)	HIM#2 OBTAINED A CURRENT APS/CAN FINGERPRINTING. RESULT WAS FILED IN HOME BINDER.	8/28/20	HOME WILL USE AN IPHONE CALENDAR TO SCHEDULE DUE DATES ALARM 2-3 MONTHS IN ADVANCE TO PREVENT FUTURE LAPSES.
12.(4)	CG#1 PROVIDED THE COPY OF DOCUMENT STATING CG#1'S LAST NAME WAS LEGALLY CHANGED. ALSO UPDATED PCG'S DISCLOSURE FORM AND PROVIDED A COPY TO THE COMPLIANCE MANAGER DURING HOME VISIT. FORM WAS FILED IN HOME BINDER.	8/4/20	HOME WILL ADHERE TO THE RULES / REGULATIONS AND WILL TIMELY UPDATE THE CTA AND AGENCIES.
(3p) (6)(2) STAFF	HOME INITIATED A NEW SIGN OUT/IN SHEET. FORM WAS FILED IN HOME BINDER.	8/5/20	CG#1 AND ALL CAREGIVERS WILL FOLLOW THE SIGN IN/OUT FORM WHEN LEAVING AND RETURNING TO CCFFH.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 9-13-2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: CHRISTINE VILLANUEVA
(PLEASE PRINT)

CCFFH Address: 95 307 KUHAELE PLACE MILILANI HI 96789
(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?
(b)(6)(1) FIRE	CG#1 CONDUCTED A MONTHLY FIRE DRILL. COMPLETED FORM WAS FILLED IN HOME BINDER	8/5/20	HOME WILL SCHEDULE ALL CAREGIVERS FOR A FIRE DRILL TO PREVENT FUTURE MISSING FIRE DRILLS.
(b)(6)(4)	FIRE DETECTORS ALARM BATTERIES WERE CHANGED. HOME DID CHECKED ALL SMOKE DETECTORS IF FUNCTIONAL. ALL PASSED THE TEST.	8/4/20	HOME WILL MAINTAIN AND ALWAYS CHECK THE FIRE DETECTORS. WILL STORE AN EXTRA BATTERIES.
54.(1) (1)	EVAUATION MAP WAS MADE AND PLACED TO THE WALL OF THE HOME.	8/6/20	HOME WILL FOLLOW ALL THE HAWAII ADMINISTRATIVE RULES.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/13/2020

CTA has reviewed all corrected items

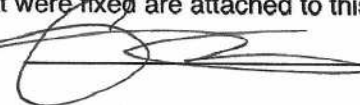
CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: CHRISTINE VILLANUEVA
(PLEASE PRINT)

CCFFH Address: 95-307 AUAHEVE PLACE, MILICANI HI 96789
(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)	CORRECTIVE ACTION WAS TAKEN. CG #1 CONTACTED CMA, RNS AND CLIENTS' MDS TO ASSESS WITH THE MEDICATION DISCREPANCIES. ALSO CG #1 DID A LATE ENTRY FOR EACH CLIENT'S MAR	8/27/20	HOME DOUBLE CHECK ALL NEW MEDICATION AGAINST MD'S ORDERS, MAR AND POSITIVE LABELS. IF ANYTHING DOESN'T MATCH, CG #1 WILL CONTACT MD, CMA RN, AND OR PHARMACY.
54.(c)(6)	CG #1. DID A LATE ENTRY FOR EACH CLIENT'S ACTIVITIES OF DAILY LIVING FLOW SHEETS.	8/5/20	CG #1 AND ALL CAREGIVERS WILL SIGN THE ADLS FLOW SHEET AFTER PROVIDING CARE TO EACH CLIENTS.

All items that were fixed are attached to this CAP
PCG's Signature: 

Date: 9/13/20

CTA has reviewed all corrected items