

Foster Family Home - Corrective Action Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-9

04-771 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/29/2020

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

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

Comment:

CCFFH inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

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

Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement for Client #1 and Client #2 in CCFFH binder.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

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

Client #1- one medication was not currently available on hand when all of client's medications were checked against the Medication Administration Record and doctor's orders.

Client #2- one medication does not match the doctor's order and the Medication Administration Record.

Maribel Nakamine, RN
Compliance Manager

10/29/2020
Date

Cynthia Maulit
Primary Care Giver

10/29/2020
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: CYNTHIA MAULIT FOSTER CARE HOME
(PLEASE PRINT)

CCFFH Address: 94 - 771 KONIAKA PLACE WAIPIAHU, HAWAII 96797
(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?
45. (1) (2) (3)	INCOMPLETE ADMISSION POLICY AND AGREEMENT FOR CLIENT #1 AND CLIENT #2 IN CCFFH BINDER	CLIENT #1 11/2/2020 CLIENT #2 10/29/2020	MAKE SURE THAT DURING ADMISSION, POLICY AND AGREEMENT IS DONE. GIVE COPY TO CLIENTS LEGAL REPRESENTATIVE THAT HAS SIGNED ACKNOWLEDGEMENT FROM THE LEGAL REPRESENTATIVE AND MAKE SURE THAT IT WAS EXPLAINED ABOUT GRIEVANCE POLICIES AND PROCEDURES THAT INCLUDES THE NAMES AND TELEPHONE NUMBERS OF THE INDIVIDUALS WHO SHALL BE CONTACTED IN ORDER TO REPORT A GRIEVANCE. CLIENT #1 AND CLIENT #2 ADMISSION POLICY AND AGREEMENT DONE.
54. (c)(5)	MEDICATION DISCREPANCIES FOR CLIENT #1 AND CLIENT #2 WAS CORRECTED BY CLIENTS CMA, MD AND PHARMACY.	10/30/2020	MAKE SURE THAT ALL MEDICATION ORDERS MATCH WITH THE MEDICATION ADMINISTRATION RECORDS AND SHOULD NOTIFY CMA, PHARMACY AND MD IF MEDICATION ORDERS IS DIFFERENT. MAKE SURE ITS NOT GOING TO HAPPENED AGAIN. CLIENT #1 AND CLIENT #2 ALREADY OBTAINED ONE MEDICATION ON HAND WITH DR'S ORDER AND WAS TRANSFERRED TO MEDICATION ADMINISTRATION RECORDS.

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

Date: 12/9/2020

CTA has reviewed all corrected items