

## Foster Family Home - Corrective Action Report

Provider ID: 1-190062

Home Name: Devan De Rego, CNA

Review ID: 1-190062-2

224 Lanialii Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/21/2020

### 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 6/21/2020.

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;

Comment:

8.(a)(1)- No current result seen in home binder for Fingerprint/Ecrim on CG#2. Per CG#1- was done in 6/2019 and did not print result within 60 days.

### Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(1), (2)- Client #1's bed with full side rails. No doctor's order seen in client's binder/chart and not addressed in Service Plan.

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

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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

Comment:

54.(b)(1)- Home binder is unorganized. Documents were not properly placed in the right places/order. Some needed documents were missing.

54.(c)(5)- Medication discrepancies noted for Client #1- Two medications were not transcribed in the Medication Administration Record. One medication's label does not match the Medication Administration Record.

The Medication Administration Record was last signed on 5/18/2020.

*Maribel Nakamine*  
Compliance Manager

*[Signature]*  
Primary Care Giver

Date

*5/21/2020*  
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: Devan De Rego

(PLEASE PRINT)

CCFFH Address: 224 Lanialii St. Wahiawa HI 96786

(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)	CG#2 obtained a current Ecrim. The result was filed in home binder.	6/18/20	CG#1 will review the home binder on a monthly basis for due dates. Home will also use an iphone calendar to schedule due dates to prevent future lapses.
47.(d)(1)(2)	CG#1 obtained a new Service Plan from Ohana Case management agency and obtained MD orders/ signed service plan from Dr. Barron Wong.	6/19/20	Going forward, CG#1 will obtain signed MD orders in writing before any changes in the home are made. CG#1 will review medications and orders with RN Case manager on a monthly basis to check for accuracy.
54.(b)(1)	Home Binder, Client #1, and Client #2 Binders were all reorganized to the order of the Table of Contents document provided by CTA.	6/19/20	Home will file every document that is added to each binder in the order of the Table of Contents. CG#1 will review on a weekly basis every sunday for accuracy. CG#1 will review Medication list with RN Case Manager each month during on-site visit for accuracy. Medication Log for each current month will be attached to a clip board and signed off as dispensed to client. CG#1 will review Medication Logs each night for accuracy.
54. (c)(5)	All current MD Orders were sent to Case Management agency and a New MAR and Medication log was generated for May 2020 and June 2020.	6/19/20	

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 6/19/2020

☒ CTA has reviewed all corrected items