

Foster Family Home - Corrective Action Report

Provider ID: 1-563222

Home Name: Edward Baniqued, CNA

Review ID: 1-563222-8

91-803 Aiami Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/11/2020

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 within 30 days

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

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50 e The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home.

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 10-5. Per "My choice my way" visiting hours cannot be restricted

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;

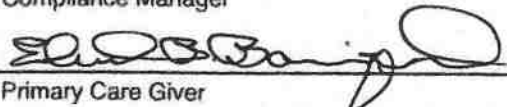
Comment:

54.(c)(5) medication administration record has not been signed for any routine or PRN medications since 09/07/2020 for client #1 and Aug 31 for client # 2


54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out for client # 1 or # 2 since sept 7



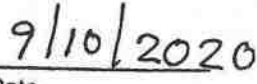
Compliance Manager



Primary Care Giver



Date



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: EDWARD BANIQUED
(PLEASE PRINT)

CCFFH Address: 91-803 AIAMI PLACE 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? |
|-------------|--|-------------------------------|---|
| 50E | REMOVE THE PADLOCK AT SIDE GATE AND PUT A DOORBELL. | 9/16/2020 | MAKE SURE GATE IS NOT LOCK AND DOORBELL WORKING. |
| 53(b)(15) | VISITING HOURS IS OPEN ANY TIME. | 9/16/2020 | MAKE SURE VISITING HOURS IS NOT LIMITED TO ACCOMMODATE FAMILY AND CLIENT VISITORS |
| 54.(c)(5) | MAKE SURE MEDICATION ADMINISTRATION RECORD WILL BE SIGN BY ME PCC AND BACK UP CARE GIVERS EVERYDAY. | 9/16/2020 | I PRIMARY CARE GIVER I WILL MAKE SURE TO CHECK CLIENT BINDER TO BE SIGN AND DATE EVERYDAY. |
| 54.(c)(6) | MAKE SURE DAILY DOCUMENTATION OF PERSONAL CARE WILL BE SIGN BY ME PCC AND BACK UP CARE GIVERS DAILY. | 9/16/2020 | I PRIMARY CARE GIVER MAKE SURE THAT MY CLIENT BINDER WILL BE FILLED AND SIGN DAILY BY ME AND BACK UP CARE GIVERS. |

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/16/2020

CTA has reviewed all corrected items