

# Foster Family Home - Corrective Action Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

Review ID: 1-180048-3

94-284 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/15/2020

## 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 6/15/2020.

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

PCG has requested to increase from a 2 client CCFFH to a 3 client CCFFH.

## 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)- APS/CAN/Fingerprint lapsed on 4/19/19 renewed on 4/26/19 for CG#3; CG#4's APS/CAN lapsed on 8/3/19 renewed on 8/16/19.

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

54.(c)(1) Client's vital information;

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

Comment:

54.(c)(1)- Client #1 and Client #2's Face/Information sheets were not updated when both changed from Private Pay to Medicaid status.

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

Client #1- One medication label does not match doctor's order and Medication Administration Record.

Client #2- One medications was listed in Medication Administration Record that had automatically been discontinued after 14 days of medication administration.

*Maribel Nakamine, MEd*

Compliance Manager

Date

*5/15/2020*

*Elvissa Pagulayan*

Primary Care Giver

Date

*5/15/2020*

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Elvissa Pagulayan

(PLEASE PRINT)

CCFFH Address: 94-284 Loaa Street Waipahu, 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?
8(a)(1), (2)	CG#1 showed CTA Compliance Manager the current APS/CAN/Fingerprint for CG#2 and CG#3 during home inspection. Documents were filed in home binder.	5/15 2020	Home will use iPhone calendar to schedule due dates alerts 2-3 months in advance to prevent future lapses.
54(c) (5)	Medication discrepancy was corrected by client CMA, MD, and CG#1 on clients Medication Administration Record.	5/15/ 2020	CG#1 will look at all medication to ensure they both match everytime before giving medication. Home will immediately notify CMA, Pharmacy, or Doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: Elvissa Pagulayan

Date: June 4, 2020

CTA has reviewed all corrected items