

Foster Family Home - Corrective Action Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA

Review ID: 1-150063-6

94-1209 Henokea Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/7/2020

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 9/7/2020.

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

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization seen for the video monitoring devices in each client's rooms- Client #1, Client #2, and Client #3.

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 discrepancies noted for Client #2.
Client #2- Medication Administration Record (MAR) last signed by CG#1 was on 8/4/2020.

54.(c)(6)- No signatures noted after each entries of progress note documentation on Client #1, Client #2, and Client #3.
No ADL/Care Flowsheet seen in Client #3's chart/binder for the month of August 2020.

Maribel Nakamine, RN

Compliance Manager

8/7/20

Date

Flordeliza S. Onaga

Primary Care Giver

8/7/2020

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: Flordeliza S. Onaga

(PLEASE PRINT)

CCFFH Address: 94-1209 Henokea Street, Waipahu, HI 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?
53.(b) (9)	CG#1 obtained a written authorization for the video monitoring in Client #1, Client#2, and Client #3's bedrooms from each clients' POA.	8/12/20	In the future, home will obtain a written permission from each client's POA prior to installing the video monitor.
54.(c) (5)	CG#1 made a late entry signatures on the Medication Administration Record (MAR) for Client #2.	8/7/20	CG#1 and all caregivers will sign the MAR immediately after administering the clients' medications.
54.(c) (6)	CG#1 did a late entry of signatures on Client #1, Client #2, and Client#3's progress notes. ADL/Care Flowsheet initiated for the month of August on 8/7/2020 for Client #3.	8/7/20	CG#1 and all caregivers will timely sign each progress notes and ADL/Care Flowsheet after each dated entries.

All items that were fixed are attached to this CAP

PCG's Signature: Flordeliza S. Onaga

Date: 9/4/20

CTA has reviewed all corrected items