

Foster Family Home - Corrective Action Report

Provider ID: 1-587686

Home Name: Gladys Asuncion, CNA

Review ID: 1-587686-13

94-446 Kahualoa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/5/2020

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 within 30 days.

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;

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)- CG#2's APS/CAN lapsed on 9/12/19 and renewed on 9/24/19; Ecrim lapsed on 3/22/2020 and renewed on 4/1/2020. CG#3's Ecrim lapsed on 9/23/20 and renewed on 10/5/2020. CG#4's Ecrim lapsed on 9/25/2020 and renewed on 10/5/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization from landlord to operate a CCFFH in the Rental Agreement.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip shower bath rug/mat seen in clients' shower.

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

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed Admission Policy and Agreement done on Client #1, Client #2, and Client #3 on admission to CCFFH.

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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 #1, Client #2, and Client #3. Client #1- Two medications were not transcribed in the Medication Administration Record (MAR). One medication label does not match the MAR and the doctor's order. Client #2- One medication was held for 5 days when it should had been administered as caregivers did not follow the blood pressure's parameters. Client #3- One medication in the wrong form- doctor ordered [redacted]; on hand was by [redacted] form. 54.(c)(6)- No October 2020 Daily Care Flowsheets initiated for Client #1, Client #2 and Client #3. Progress Notes documentation did not contained any caregivers signatures for each dated charting/documentation- For Client #1 there was not signatures from 1/31/19- 9/25/2020. On Client #2, there was no signatures from 3/8/2020- 9/9/2020 and on Client #3, there was no signatures from 1/20/17- 5/15/2020.

Naikel Nekamine, RN

Compliance Manager

10/5/2020

Date

GLADYS ASUNCION

Primary Care Giver

10/5/2020

Date

CTA RN Compliance Manager: Maribel Akamine RN

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

PCG's Name on CCFFH Certificate: Gladys Asuncion
(PLEASE PRINT)

CCFFH Address: 94-446 Kahualoa Pl 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?
8.(a) (1)(2)	Lapsed cannot be corrected	10/5/20	Home will write all due dates on calendars. Background checks will be done at least 30 days before expiring to prevent future lapses.
41.(a) (1)	written authorization from landlord was signed & placed in home binder	10/7/20	Home will make sure to have written authorization for future rental home, & double check agreement to prevent from happening again.
49.(a) (1)	Non-slip surface was placed in client's bathroom.	10/6/20	Non-slip must be replaced right away & kept in client's bathroom.
53.(a)	written agreement completed by client, legal representative & family. Agreement placed on each client's binder.	10/10/20, 10/20/20, 10/9/20	Written agreement should be done prior to client's first day of admission so it couldn't be forgotten.

All items that were fixed are attached to this CAP

PCG's Signature: Gladys Asuncion

Date: 10-28-20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Akamine RN

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

PCG's Name on CCFFH Certificate: Glady's Asuncion

CCFFH Address: 94-4460 Kahaloa Pl 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?
54.(c) (5)	<p>Client #1 Medication discrepancy was corrected by caregiver, and matched with MAR.</p> <p>Client #2 Medication was held for 5 days because medication was discontinued 6/19/20 Medication was not given.</p> <p>Client #3 [REDACTED] liquid form has MD orders and both on MAR.</p>	<p>10/6/20</p> <p>10/6/20</p>	<p>CG will match all medications bottle with MAR before giving medications. Home must notify CNA, Hospice MD/Nurse if different.</p> <p>Home must notify case management to correct MAR so that medication is not listed in current MAR. Home is also responsible to write or cross out D/C medication with initial.</p>
54.(c) (6)	<p>October flow sheet was done & filled for each client.</p> <p>All Progress notes was initialed.</p>	10/6/20	<p>Flow sheets must be done each day to prevent from skipping. Home will make sure to have initials on all progress notes.</p>

All items that were fixed are attached to this CAP

PCG's Signature: Glady's Asuncion

Date: 10-28-20

CTA has reviewed all corrected items