

Foster Family Home - Corrective Action Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-7

91-824 Moneha Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/7/2020

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 to CTA within 30 days

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.

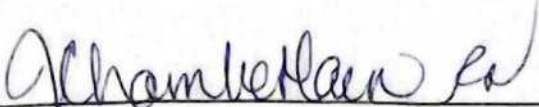
54.(c)(5) Medication schedule checklist;

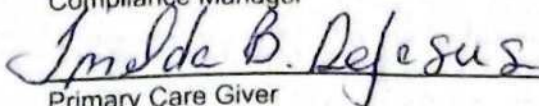
Comment:

(54.a.3) No covid worksheet present

54.c.5 Medication discrepancy for client # 1 and #3 – 1 medication prescription label did not match medication administration record and / or signed MD orders

An adverse event must be filled out for each medication error



Compliance Manager


Primary Care Giver

10/08/2020
Date

10/08/2020
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:

IMELDA B. DEJESUS (DEJESUS FOSTER CARE)

CCFFH Address:

91-824 MONIEHA PLACE, EWA BEACH HAWAII 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?
54(c)(5)	M.D. ORDERS ARE SIGNED FOR [REDACTED] AND FOR CURRENT DIET, FOR CLIENT #3. MADE A CALL (FOR) TO M.D. REGARDING CLIENT #3 OF ALL REQUIREMENTS	10/20/20 10/20/20	I WILL KEEP UPDATED FOR [REDACTED] AND FOR DIET ORDER FROM M.D. I WILL BE AWARE OF THE DIET ORDER FOR ITS ALREADY AVAILABLE.

All items that were fixed are attached to this CAP

PCG's Signature: Imelda B. Dejesus

Date: 10/27/20

CTA has reviewed all corrected items

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: IMELDA B. DEJESUS (DEJESUS FOSTER CARE)
(PLEASE PRINT)

CCFFH Address: 91-824 MONIEHA PLACE, EWA BEACH HAWAII 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)(5)	<p>WHEN GIVING MEDS SIGNING NEED TO BE DONE. CORRECT and SIGN RIGHT AWAY FOR ALL CLIENTS</p> <p>DIET ORDER FOR CLIENT #1 WAS LOCATED AT HIS PHYSICAL SHEET WITH MD'S SIGNATURE.</p> <p>MEDICATION FOR [REDACTED] IS GIVEN AT IT IS INSTRUCTED: [REDACTED] ROUTINE EVERY PM. [REDACTED] AM, ROUTINE and [REDACTED] at NIGHT AS PRN BY [REDACTED]</p>	10/08/20	<p>I WILL MAKE SURE THAT IF MEDS ARE GIVEN, I HAVE TO SIGN</p> <p>I WILL MAKE IT SURE TO KNOW WHERE IT WAS LOCATED.</p> <p>I WILL CLARIFY IT TO CTA THAT THE ORDER WAS IN THE LABEL OF MEDS BOTTLE.</p>

Primary Caregiver's Signature: Imelda B. DeJesus

Print Name: IMELDA B. DEJESUS Date of Signature: 10/29/20

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-600

PCG's Name on CCFFH Certificate:

EMELDA B. DEJESUS (DEJESUS FOSTER CARE)

CCFFH Address:

91-824 MONEHA PLACE, EWA BEACH HAWAII 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?
54(c)(5)	M.D. SIGN ORDER FOR [REDACTED] FOR CLIENT #2 IS TAKEN CARE OF.		I WILL TRY TO TAKE CARE OF THIS AS SOON AS POSSIBLE (TO) WITH THE HELP OF MY AGENCY.

All items that were fixed are attached to this CAP

PCG's Signature: Emelda B. Dejesus

Date: 10/27/20

CTA has reviewed all corrected items

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: IMELDA B. DEJESUS (DEJESUS FOSTER CARE)

CCFFH Address: 91-824 MONIEHA PLACE, EWA BEACH HAWAII 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?
54(c)(5)	<p>FOR CLIENT #3: HAD CHANGE PHARMACY. MEDS BOOTLESHOWS 2 DIFFERENT NAME OF PHA- RMACY. MEDICATIONS WERE ARRANGED IN MEDS DISPENSER TO PRE- VENT CONFUSEMENT. CLIENT #3 HAVE ENOUGH SUPPLY. EMPTY BOTTLES HAD BEEN CLEARED.</p> <p>CLIENT #3=FOR [REDACTED] AND [REDACTED] M.D. ORDER [REDACTED] ROUTINE. [REDACTED] GIVEN IF [REDACTED] NEEDS ADDITIONAL IF NO RESULT AND IT CAN BE GIVEN IF [REDACTED] IS UN- AVAILABLE THIS IS DUE TO CLIENT #3 PROBLEM. THIS ORDER IS SIGNED BY M.D. ORDER.</p>	<p>10/09/20</p> <p>10/09/20</p>	<p>I WILL MAKE SURE TO SHOW THAT SUPPLY IS AVAILABLE.</p> <p>I WILL MAKE SURE THAT ALL MEDICATIONS ARE LABEL IN IT'S RIGHT ORDER.</p> <p>I WILL TRY TO PROVIDE TO PREVENT CONFUSE- MENT. MAKE SURE EVERY THING ESP. MEDICATIONS.</p>

All items that were fixed are attached to this CAP

PCG's Signature: Amelda B. Dejesus

Date: 10/27/20

CTA has reviewed all corrected items

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:

EMELDA B. DEJESUS (DEJESUS FOSTER CARE)

CCFFH Address:

91-824 MONIEHA PLACE, EWA BEACH HAWAII 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?
54(c)(5)	<p>CORRECTIONS [REDACTED] and [REDACTED] MEDICATIONS LABELS WAS CLARIFIED BY TO [REDACTED] TO OFFICE and PHARMACY and CORRECTION DONE IN MAR. DUE TO CHANGES OF PROVIDER. SEE NEW MAR IDENTIFICATION FOR CLIENT #3</p> <p>MEDICATIONS HAD BEEN CALLED FOR REFILL MD OFFICE RECEIVED THE REQUEST AND FORWARDED TO PHARMACY. FOLLOW UP MADE TO PROVIDER AND PHARMACY.</p>	<p>10/18/20</p> <p>10/08/20</p>	<p>I WILL TRY TO CHECK MEDICATIONS LABELS CORRECT UPON RECEIVING, AND MAKE CORRECTIONS TO BE DONE AS SOON AS POSSIBLE.</p> <p>I WILL DOUBLE CHECK IF REFILL HAVE BEEN TAKING CARE OF, AND ORDERS OF HOLD PARAMETER IS INCLUDED</p>

All items that were fixed are attached to this CAP

PCG's Signature: Emelda B. DeJesus

Date: 10/27/20

CTA has reviewed all corrected items

Jackie Chamberlain RN

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: IMELDA B. DE JESUS (DE JESUS FOSTER CARE)
(PLEASE PRINT)

CCFFH Address: 91-824 MONEHA PLACE EWA BEACH HAWAII 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?
54.(a)(3)	FOR COVID PROTOCOL INFO was given to me.	11/05/20	I WILL MAKE SURE TO PUT IT IN THE [REDACTED] BOOK

All items that were fixed are attached to this CAP

PCG's Signature: Imelda B. Dejesus

Date: 11/05/20

CTA has reviewed all corrected items