

# Foster Family Home - Corrective Action Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

45-413 Ihilani Street

Kaneohe

HI 96744

Review ID: 1-180023-3

Reviewer: Julie Hastings

Begin Date: 3/5/2000

## Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 4/5/2020.

## Foster Family Home Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)  
No Medication side effects for Client #1 present

## 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)  
9 Under the My choice, My way new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. There are no locks present on either client bedroom doors or bathroom door.

## Foster Family Home Records

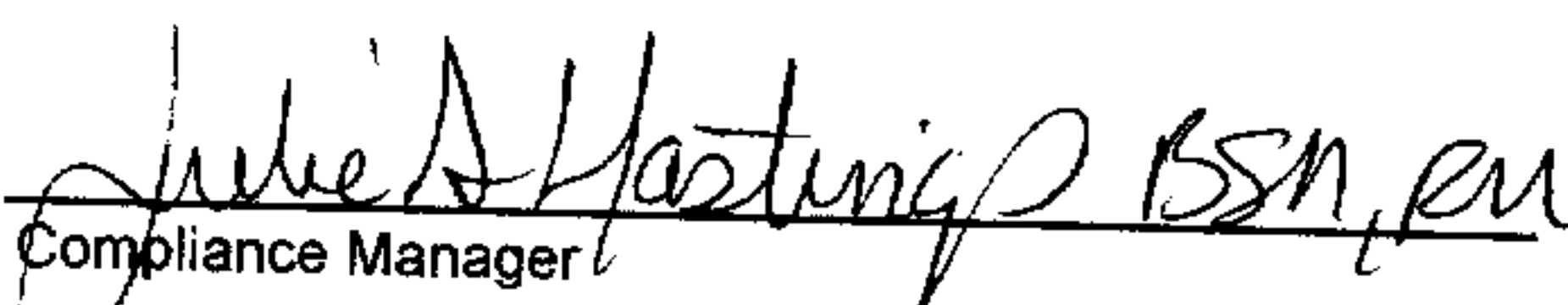
[11-800-54]

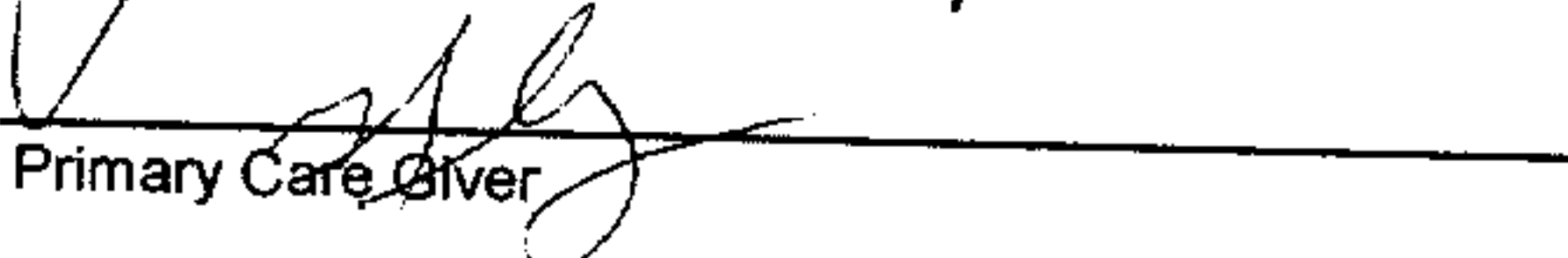
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)

Medication Administration Record does not match orders/prescription bottles for Client #1 or Client #2

  
Compliance Manager

  
Primary Care Giver


3/5/2000  
Date

3/5/2020  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: JENNIFER B. DULAY  
 CCFFH Address: 45-413 MILWAU ST., KALUHE, HI 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.C	MEDICATION SIDE EFFECTS NOW IN CHART IN CHART A1	3/5/20	ANY NEW MEDICATION SIDE EFFECTS PRINTED W/IN A WEEK.
53.B9	BOTH CLIENT DOOR HANDLE & BATHROOM DOOR NOW HAVE LOCKS ON INSIDE	3/19/20	ALL CLIENT & BATHROOM DOOR HANDLE WILL HAVE LOCKS AND WORKING ORDER
54.C5	MEDICATION ADMINISTRATION RECORD FOR CLIENTS 1 & 2 ARE NOW UP TO DATE	3/19/20	I WILL HAVE MY CASE MANAGEMENT RN RE- CONCILE MEDICATION AND MONTHLY VISIT.

Primary Caregiver's Signature:  SIGNING FOR JENNIFER DULAY

Print Name: JENNIFER DULAY

Date of Signature: 3/19/20