

Foster Family Home - Corrective Action Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-5

94-392 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/9/2020

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 4/9/2020.

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)- APS/CAN/Fingerprint lapsed on 3/9/19 and renewed on 5/2/19 for CG#2.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#3 on Basic Skills Checks and Oral/Eye drops Medications for Client #1.

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)- No Medication Administration Record seen in each client's binder for Client #1, Client #2, and Client #3 for the Month of March 2020.

54.(c)(6)- No charting on progress note for Client #1 since March 26, 2019 to present (March 9, 2020).



Compliance Manager

3/9/2020

Date



Primary Care Giver

9 Mar 2020

Date

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

CCFFH Name: Jomar Espiritu

CCFFH Address: 94-392 Kuahui Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG#1 showed CTA Compliance Manager the current APS/CAN/Fingerprint for CG#2 during home inspection. Document was filed in home binder.	3/9/2020	Home will utilize a [redacted] cellphone to schedule due dates /alert 2-3 months in advance to prevent future lapses.
43.(c)(3)	RN delegation was performed by CMA RN to CG#3 on Basic Skills Checks and [redacted] Medications for Client #1. Signed delegation was filed in client's chart.	3/11/2020	Home will contact CMA RN to do delegations within 10 days of adding new caregivers to home.
54.(c)(5)	Medication Administration Records of Client #1, Client #2 and Client #3 was done by PCG. Form and documentation has been signed and filed in each client's chart.	3/10/2020	In the future, all Caregivers will adhere to proper procedure of preparing MAR and timely. sign MAR after administering medications.
54.(c)(6)	All Caregivers resumed documentation in client #1 chart on 3/9/2020	3/10/2020	In the future all caregivers will timely document chart on each client's progress notes form.

Primary Caregiver's Signature: 

Print Name: Jomar Espiritu

Date of Signature: 4/16/2020