

Foster Family Home - Corrective Action Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-11

94-423 Hokuala Street

Reviewer: Maribel Nakamine

Milliliani HI 96789

Begin Date: 9/1/2020

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 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/1/2020.

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)- CG#2's APS/CAN lapsed on 6/13/19 and renewed on 10/16/19; Ecrim lapsed on 4/19/2020 and no current renewal seen in home binder.

Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1),(2), (3)- No completed Admission Policy and Agreement Forms for both Client #1 and Client #2 seen in home binder.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No completed monthly fire drill seen in home binder since 12/2019 till present (9/1/2020).

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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)- Client #1's antibiotic with 3 missed doses- medication's frequency was not given at correct times.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2:

Client #1- one medication was not transcribed in the Medication Administration Record. One medication's frequency was not given to client as prescribed by the doctor. One medication's label does not match the doctor's order and the Medication Administration Record.

Client #2- there were 7 medications that were not available that were listed in the Medication Administration Record and with current doctor's orders.



Compliance Manager

9/11/2020

Date



Primary Care Giver

9/1/20

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: Josephine Pascua
(PLEASE PRINT)

CCFFH Address: 94-423 Hokuwala st. Mililani HI. 96789
(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)-	CG #2 obtained a current Ecrim. result was filed in home binder.	9/7/20	Home will use a wall calendar to schedule due 2 months in advance to prevent future lapses.
45.(1), (2), (3)-	The Admission and Policy Agreement Form is completed and signed by client's representative and CG#1. Completed form was filed in home binder.	9/7/20	In the future, home will have the Admission Policy and Agreement done on the day of client's admission to CCFFH.
46.(a)-	CG#1 Initiated this month's Fire Drill.	9/7/20	Home will perform monthly Fire Drill each month and will schedule each caregivers to at least do once a year.
47.(c)-	CG#1 completed an Adverse Event Report and sent to CMA via fax.	9/7/20	CG#1 and all caregiver will double check all new medications on proper administration.
54.(c) (5)-	CG#1 contacted the CMA RN and Doctors of Client#1 and Client#2 to assist in correcting the medications discrepancies.	9/7/20	CG#1 and all caregivers will look at all new medications labels, MD orders, and MAR, If anything doesn't match, CG#1 will notify CMA RN, MD, and or Pharmacy.

All items that were fixed are attached to this CAP

PCG's Signature: Josephine Pascua

Date: 9/7/20

CTA has reviewed all corrected items