

Foster Family Home - Corrective Action Report

Provider ID: 1-634916

Home Name: Jovy Bumanglag, CNA

Review ID: 1-634916-5

86 Mahele Loop

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 2/27/2020

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Visit made.
Corrective action document issued. CAP due by 3/27/2020.
See attached document for items reviewed.

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#2 on Oral Medications and Suppository Administration.

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 monthly Fire Drill conducted since 7/2019- 2/27/2020.

Foster Family Home Records [11-800-54]

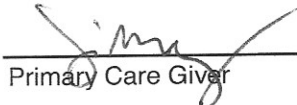
54.(c)(5) Medication schedule checklist;

Comment:


54.(c)(5)- Medication discrepancy was noted on Client #1- one medication was not transcribed in the client's Medication Administration Record since 2/12/2020.



Compliance Manager



Primary Care Giver



Date



Date

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

CCFFH Name: Jovy Bumanglag

CCFFH Address: 86 Mahele Loop Wahiawa, Hi 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(c)(3)	RN Delegation performed by CMA RN in oral medications and suppository administration for CG#2. Signed form was filed in client's binder.	3/1/20	Home will notify client's CMA that RN delegation needs to be performed within 10 days of caregiver being added to the home. Home has developed a calender in the front of the personnel binder with all due dates.
46.(a)	Fire drill conducted on 2/28/20 by CG#1. Form was filed in home binder.	2/28/20	Fire Drills will be done by each caregiver at least once a year. Developed a schedule and has it posted on the reminder board.
54.(c)(5)	Medication discrepancy was corrected by CG#1, CMA RN, and MD on the medication administration record. Form was filed in client #1's binder.	2/27/20	Home will check all new medications labels, MD orders, and MAR. If anything is different, home will contact MD, CMA RN and/or pharmacy.

Primary Caregiver's Signature: _____

Print Name: Jovy Bumanglag

Date of Signature: _____

3/6/2020