

Foster Family Home - Corrective Action Report

Provider ID: 4-150020

Home Name: Judith De Los Trino, CNA

Review ID: 4-150020-9

760 Olena Street

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 10/22/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/22/2020.

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) - Client #3 service plan does not address special diet [REDACTED]

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:


47.(e) - Client #3 requires a [REDACTED]. No evidence of [REDACTED] aching conducted

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

Comment:

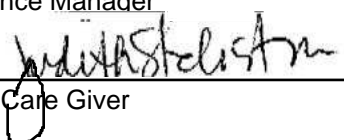
54.(c)(3) - No physician order f [REDACTED]



Compliance Manager

10/22/20

Date



Primary Care Giver

10/22/20

Date

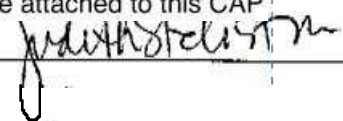
CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Judith De Los Trino
(PLEASE PRINT)

CCFFH Address: 760 Olena St., Wailuku HI 96732
(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?
43.c.3	contacted RN case manager and notified her to include client's [REDACTED] client into her service plan. She updated it right away and gave me a new service plan and placed it in the client's binder and a copy will be sent to CTA	10/23/2020	I will make sure to read each client's service plan during nurse monthly visit to make sure everything is updated. If there's any missing information I would notify her right away before she leave the house so she can input it.
47.e	contacted and notified the RN case manager regarding the delegations for client's [REDACTED] and [REDACTED]. I have instructed by the nurse. I have read and signed the delegation paper and place on client's binder right away and a copy will be sent to CTA	10/23/2020	In the future, I will keep it in mind and put in my notes that all clients special care and needs are instructed to me and to my SCG by the nurse before performing it. I need to make sure that during admission of new clients, all special care should all be delegated and documentations are signed.
54.c.3	Contacted client's PCP and asked for [REDACTED] order for Client. [REDACTED] order documents received and placed right away on client's binder. Copy will be sent to CTA	10/23/2020	I will keep in mind and make a note that all future orders for all clients have to have documentations. It should be written or typed and signed by PCP.

All items that were fixed are attached to this CAP
 PCG's Signature:  Date: 11/15/20

CTA has reviewed all corrected items