

# Foster Family Home - Corrective Action Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

94-387 Kahuapaa Street

Waipahu HI 96797

Review ID: 1-130020-7

Reviewer: Maribel Nakamine

Begin Date: 4/16/2020

## 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 5/16/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- An emergency exit door pathway is obstructed with household items, racks of clothing, boxes, etc.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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:

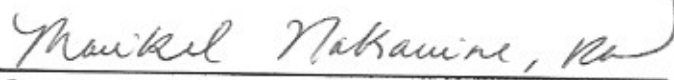
54.(c)(2)- Client #1's Service Plan was expired on 3/22/2020 and Client #2's Service Plan was expired on 11/2019.

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

Client #1- One medication was not transcribed in the Medication Administration Record. Medication bottle is available and has current MD order. Another medication is listed in MAR but no signature/initial of having been administered. Two medications were discontinued per MD order and still listed in the MAR and CG#1 administered one of the medications as indicated by the MAR being signed off by CG#1.

Client #2- Two medications were not transcribed in the Medication Administration Record.

54.(c)(6)- No monthly RN visit flowsheets/reports seen for the months of January 2019- December 2019 and January 2020- February 2020 for Client #1.

  
Compliance Manager

4/17/2020  
Date

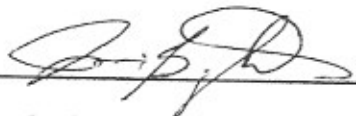
  
Primary Care Giver

04/17/2020  
Date

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

CCFFH Name: Junie B. Sales  
 CCFFH Address: 94-387 Kahuapaa Street Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.(a)(4)	Emergency exit door pathway is clear of household items, racks of clothes, etc. Items are kept in appropriate storage areas.	05/11/2020	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits will be ensured by keeping such areas clear of obstructing items by doing bi-monthly checks of areas.
54.(c)(2)	Client #1's Service Plan is updated and placed in client's chart.  Client #2's Service Plan is updated and placed in client's chart.	05/05/2020	CG#1 will ensure service plans for both clients are kept updated by taking note of when it expires. Reminders will be inputted in calendar, which is kept on desk.
54.(c)(5)	Client #1 MARs updated by CMA and charting completed by CG#1. MARs placed in client's chart.  Client #2 Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record. MARs placed in client's chart.	05/05/2020	CG#1 will ensure MARs are updated by faxing MD visit summary to CMA, who will make the needed changes when medication is added or discontinued.  CGs will ensure charting is completed for every medication administration immediately after medication is given.  CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.
54.(c)(6)	RN visit flowsheets/reports for the months of January 2019-December 2019 and January 2020-February 2020 for Client #1 has been obtained from client's CMA and placed in client's chart.	05/11/2020	CG#1 will ensure RN visit flowsheets/reports are placed in clients' charts for every month by reviewing clients' charts monthly.

Primary Caregiver's Signature: 

Print Name: Junie B. Sales Date of Signature: 05/12/2020