

# Foster Family Home - Corrective Action Report

Provider ID: 1-577679

Home Name: Juvelyn Edades, CNA

Review ID: 1-577679-11

1596 Perry Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/1/2020

## 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 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 11/1/2020.

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#1, CG#2, CG#3, and HHM#2's Ecrim lapsed on 9/24/2020 and no renewal seen in home binder. CG#3 and HHM#2's APS/CAN lapsed on 9/26/2020 and no renewal seen in home binder.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2)- CG#3's CNA license expired on 8/31/2020.

41.(b)(7)- CG#2's Tuberculosis clearance expired on 3/27/2020 and CG#3's expired on 8/23/2020. Both had no current results seen in home binder.

## 3 Person Staffing

### 3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No completed Sign In/Out Forms seen in home binder for the past 12 months.

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3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire- No completed Monthly Fire Drill for the past 12 months in home binder.

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(1)- No curtain/partition seen in Client #2 and Client #3's shared bedroom.

49. (c)(3)- Client #1's door knob is loose; noted the wood had been chipped.

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)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- No Medication Administration Record(MAR)initiated for the months of September 2020 and October 2020. Two medications were not discontinued in the MAR.

Client #2- No MAR initiated for the months of September 2020 and October 2020.

Client #3- No MAR initiated for the months of September 2020 and October 2020.

54.(c)(6)- No Daily Care Flowsheet initiated for the months of September 2020 and October 2020 for Client #1, Client #2, and Client #3 seen in clients' charts/binder.

Nautil Nakamura, RN  
Compliance Manager

10/11/2020  
Date

[Signature]  
Primary Care Giver

10/01/2020  
Date

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Juvelyn Edades  
(PLEASE PRINT)

CCFFH Address: 1596 Perry St. Hon. Hi. 96819  
(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 8(a)2	} lapse cannot be corrected.	10/14/2020 10/22/2020	Home will use folder and write on the cover the dates of the expiration dates. So, I can be aware. I'll make sure to do it 2 to 3 wks. before the due date.
41(a)(2) 41(b)(1)	} lapse cannot be corrected	→	Will renew the CNA certificate when able (after the pandemic crisis). CG#2 will be deleted for now, since in the Philippines and don't know when to be back, CG#3 will do soon. put all the dates to be done on the folder to remind me (PCG) to do it before it will expire.
(3)(b)(2)	Cannot be corrected	10/22/2020	I (PCG) printed out the 3 bed certified <del>and</del> CCFFH sign out sheet and put in a folder to be placed @ the visible area, so, can't be forgotten to sign.

All items that were fixed are attached to this CAP

PCG's Signature: Juvelyn Edades PCG

Date: 10/31/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Juvelyn Edades  
(PLEASE PRINT)

CCFFH Address: 1596 Perry St., Hon. HI. 96819  
(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?
(3P)(b)(c)	Fire drill is being done but never signed the forms.	10/02/22	Printed out the form and put on the folder w/ the sign out sheet to seen every time we conduct fire drill, so it won't be forgotten.
49(b)(c)	Curtain was placed in between the clients shared room.	10/05/2020	I (PCG) will be vigilant to all the requirements, to avoid corrections during the recertification.
49(e)(3)	door knob was replaced as well as the door.	10/25/2020	
54(c)(5)	Medication discrepancy was corrected by the clients' CMA.	10/16/2020	I (PCG) together w/ the CMA of my clients, check each of bottle to match the MAR and Medlist.
54(b)(6)	I (PCG) pulled out my client MAR and flow sheet to put in folder for each of them to make sure, I did it everyday.	10/22/2020	I (PCG) will be vigilant and aware for the daily routine and medication administration, to avoid any discrepancy in the future, and put back in the binder after each month.

All items that were fixed are attached to this CAP

PCG's Signature: J Edades

Date: 10/31/2020

CTA has reviewed all corrected items