

Foster Family Home - Corrective Action Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-5

98-111 Lania Way

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 11/25/2020

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

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

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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 with CG#1 and CG#3 on [REDACTED] use for Client #3.

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.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(1)- No bedside curtain/partition/screen seen in between Client #1 and Client #2 as both share a bedroom.

49.(b)(3)- [REDACTED] (as stated in Service Plans of Client #1 and Client #2's) inside Client #1 and Client #2's bedroom and Client #3 was without a call bell (as stated in Service Plan) for clients to call for assistance and CG#1's bedroom was not in close proximity to clients' rooms.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(4) Env. the room must have at least three (3) feet between the beds

Comment:

(3P)(a)(4)Env.- space between Client #1 and Client #2 measured 1.5 ft.

Foster Family Home - Corrective Action Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(b)- No completed Adverse Event form seen in Client #3's chart/binder for the 11/19/20 episode of client [REDACTED] as was documented in the progress note by CG#1.

50.(e)- Front doorbell of the CCFFH was noted to be broken and not functioning.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

Comment:

53.(a), (b)(1), (b)(3)- No completed Admission Policy and Agreement for Client #1, Client #2, and Client #3 upon admission to CCFFH.

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)- One medication was without a written doctor's order in Client #3's chart; medication also was not listed in Medication Administration Record(MAR) and per CG#1, medication had been administered to client since 11/23/2020. One medication was not available on hand and listed in the MAR and with current doctor's order.

54.(c)(6)- Client #1 and Client #2- No RN Visit Assessment/Summary Notes completed for 8/2020 and for the month of 10/2020- per CG#1, CMA RN had not done a monthly/telehealth visit.

For Client #3- No RN Visit Assessment/Summary Notes for the following dates: 9/2018 thru 12/2018; 1/2019 thru 12/2019; and 2/2020, 5/2020, 6/2020, 8/2020, and 10/2020.

54.(c)(6)- No progress/observation notes documented for Client #1 and Client #2 since admission to CCFFH on 5/16/2020 thru present.

For Client #3- noted that there were no progress/observation notes documented for 24 months - January 2018 thru December of 2018 and January 2019 thru December of 2019. Recent documentation were dated 11/19/2020 and 11/20/2020.

Manuel Nakamide, RN
Compliance Manager

11/25/2020
Date

[Signature]
Primary Care Giver

11/25/2020
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: Lea Daguro
(PLEASE PRINT)

CCFFH Address: 98-111 Lanika Way, Area #1 96701
(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	RN Delegation was done for CG#1 and CG#2 on using [redacted] for client #3.	12/17/20	Home will notify R+ CMA that RN delegation needs to be done before administering any machine to clients.
49.b.1	Installed bedside curtain for privacy in my 2 clients shared room.	12/22/20	Keep bedside curtain installed for privacy in a shared room by 2 clients.
49.b.3	I put [redacted] inside the bedroom of client #1 and client #2 and provided a call bell to client #3 as stated in the clients' service plan.	11/30/20	Provide + keep device that clients' can use for assistance and monitoring.
49.a.4	I made client #1 and client #2 space to be 3 feet between their beds.	11/26/20	Keep space between two clients that shared room measured 3 feet.
50.b	No Adverse Event done cannot be corrected.	11/26/20	Home will make sure to report all Adverse Event.
50.e	I installed functioning doorbell.	11/30/20	Home will make sure to always have a functioning doorbell.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 12/23/20

CTA has reviewed all corrected items

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: Lea Dagurs
(PLEASE PRINT)

CCFFH Address: 98-11 Lania Way, Area H1 96701
(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?
✓ 53. a. b. 1 b. 3	Provided and completed Admission policy and Agreement for client #1, client #2 and client #3 and keep a copy on clients binders.	12/20/20	Home will make sure to complete Admission ^{policy} and Agreement to all clients upon admission.
✓ 54. c. 5	I obtained the written doctor's order for client #3 and had the order transcribed in client #3 MAR. I had all the medications listed on client #3 MAR available on hand.	11/20/20	Home will make sure to have all medications listed on the MAR have its written doctor's order and will make sure that all clients' medications is always available on hand.
54. c. 6	I obtained copy of RN visit assessment/summary Notes from my clients' CMA for 8/2020 and for the month of 10/2020 for client #1 and client #2. 9/2018 thru 12/2018, 1/2019 thru 12/2019, and 2/2020, 5/2020, 6/2020, 8/2020 and 10/2020 for client #3.	12/21/20	I will make sure to have a complete RN visit assessment/summary Notes everytime CMA do an assessment and keep them in clients' record.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 12/28/2020

CTA has reviewed all corrected items

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: Kea Daguro (PLEASE PRINT)

CCFFH Address: 98-111 Lania Way, Area H1 96701 (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?
54. c.6	No progress notes/observation notes not done in the past cannot be corrected	11/30/20	Home will make sure to always document any progress or observation for all the clients.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 12/23/20

CTA has reviewed all corrected items