

Foster Family Home - Corrective Action Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA

Review ID: 1-580234-9

94-1075 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/19/2020

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 Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- Client #3 is in a room which is not properly permitted as a bedroom. CG#1 unable to provide permit from Dept. of Planning & Permitting(DPP).

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(2) Staff A current Registered Nurses license and if expiring within the next 30 days, evidence of a new license and one year of experience in a home setting, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS, or;

Comment:

(3P)(b)(2)Staff- No Sign In/Out Sheet initiated for the past 12 months.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)Fire- No completed monthly fire drill from 1/1/2020 thru 10/31/2020.

(3P)(b)(6)Fire- CG#2 and CG#3 were without proof of conducting a fire drill for the past 12 months.

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Foster Family Home

Quality Assurance

[11-800-50]

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.(e)- No intercom/gate buzzer for CTA/agency to have a way of communication with CCFFH.

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

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 and Client #2's Service Plans contained only the first page (signature page).

54.(c)(3)- No MD's admission orders to CCFFH seen in Client #1 and Client #2's chart.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- No signatures noted on Medication Administration Record(MAR) for the month of November. One medication does not match the dose label to the doctor's order and the MAR. Four medications were not available on hand during CCFFH inspection.

Client #2- Three medications were not available on hand during CCFFH inspection.

Client #3- MAR was last signed on 11/7/2020. There were 6 medications missing- CG#1 unable to locate and called CG#3 to help find those medications. Two of the medications were for [REDACTED] medications.

54.(c)(6)- Client #1 and Client #2's ADLs/Daily Care Flowsheet were not signed for since the date of admission to CCFFH for November 2020.

Client #3's ADLs/Daily Care Flowsheet was last signed on 11/7/2020.

CG#1 had not documented in the progress/observation notes for Client #1 and Client #2 since admission to CCFFH this November.

Shawell Nakamine, RN 11/19/2020
Compliance Manager Date
[Signature] 11/19/2020
Primary Care Giver 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: LEONORA ANTONIO

(PLEASE PRINT)

CCFFH Address: 99-1075 PULOKU STREET, WAIPAHU, HI 96797

(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?
41.(b) (6)	Contacted Contractor to have room properly remodeled to meet SOH Building codes. Contacted Permits & Licensing to schedule an inspection - Provided address, and was instructed that due to COVID they will call back with a date & time to completed the inspection.		No construction shall be done with-out a licensed contractor to provide and meet SOH Building Codes.

 All items that were fixed are attached to this CAPPCG's Signature: Date: 12/18/20 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: LEONORA ANTONIO

(PLEASE PRINT)

CCFFH Address: 99-1075 PULOKU STREET, WAIPAHU, HI 96797

(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) (2)	CG#1 Initiated a sign-in / out sheet on 11/28/2020. CG#2 sign-in/out sheet on 11/28/2020	11/28/20	CG #1 will review daily "sign-in/out" log daily and remind caregivers to complete daily.

 All items that were fixed are attached to this CAPPCG's Signature: Date: 12/18/20
18 CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: LEONORA ANTONIO

(PLEASE PRINT)

CCFFH Address: 99-1075 PULOKU STREET, WAIPAHU, HI 96797

(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) (1)(6)	CG#2 conducted a monthly fire drill on 11/29/2020. CG#3 scheduled for the month of December 2020.	11/28/20	A schedule has been created and has been placed on the CCFFH Clip board, located in the Kitchen. All authorized caregivers will rotate conducting the Monthly Fire Drill.

 All items that were fixed are attached to this CAPPCG's Signature: Date: 12/18/20 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: LEONORA ANTONIO

(PLEASE PRINT)

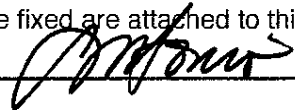
CCFFH Address: 99-1075 PULOKU STREET, WAIPAHU, HI 96797

(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?
50(e)	CG#1 installed a gate buzzer	11/28/20	CCFFH will maintain buzzer/intercom in working condition

 All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

12/18/20 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: LEONORA ANTONIO

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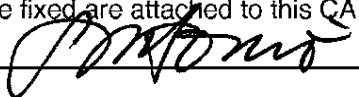
CCFFH Address: 99-1075 PULOKU STREET, WAIPAHU, HI 96797

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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) (2)	CG#1 Contacted CMA RN to provide the completed Service Plan for Client #1 & Client #2.	11/28/20	In the future CG#1 will check to ensure that a completed Service Plan is included in the chart at time of Admissions & ongoing.
54.(c) (3)	CG#1 contacted the client's CCMA to assist with obtaining the MD Orders for current medications.		In the future CG#1 will ensure that admissions orders for medications are complete.
54.(c) (5)	CG#1 contacted client's CCMA RN, MD & Pharmacy to assist in correcting the client's Medication Discrepancies, prevention strategy; CG#1 and all caregivers will double check all new medications against the MD Orders; medication labels, and Medication Administration Record. If anything doesn't match, CG#1 will notify the CCMA RN promptly to have these corrected.		CG#1 and all caregivers will sign the ADL/Daily Care Flowsheet as tasks are completed daily. All caregiver will document to the client's "Progress/Observation" noted in a timely manner and whenever there is changed to the client's condition.
54.(c) (6)	CG#1 initiated signing & documenting to the client's ADL/Daily Care Flowsheet on 11/19/2020.		

 All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

12/18/20 CTA has reviewed all corrected items