

# Foster Family Home - Corrective Action Report

Provider ID: 1-200002

Home Name: Lorelei Ferrer, CNA

91-1011 Kumimi Street

Ewa Beach

HI 96706

Review ID: 1-200002-3

Reviewer: Jackie Chamberlain

Begin Date: 10/7/2020

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

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

Comment:

6(d)(1) Home inspection made for a 2 bed CCFFH recertification. corrective action required to CTA within 30 days

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

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

Comment:

49.c.3 Clients bathroom Shower and sink had built up residue and grime on them and were not clean. Toilet has dried urine and feces throughout.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50. (a) Emerg. Preparedness Plan only signed by 2 caregivers, COVID-19 Worksheet not present

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.b.9 Under the My choice, My way new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. There are no locks present on client bedroom door.



# Foster Family Home - Corrective Action Report

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) Client # 1 medication administration record has not been signed since 09/29/20 for any routine medications

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out for since 09/29/20 for client # 1 Adverse event required for medication error

SCG # 4 did not know where to locate the Medication administration record. Could not verbalize how he would know what medications to give routine or PRN

54.c.5 Medication discrepancy for client #1 – 1 medication prescription label did not match medication administration record.

Vitamin D 3 ordered for 5 days per week, has been given daily per MAR

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/07/2020  
Date

10/07/2020  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: LORELEI FERRER

(PLEASE PRINT)

CCFFH Address: 91-1011 KUMIMI ST. EWA BEACH HI 96706

(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?
6(d)(1)	CREATED A DEVIDER AND SET UP 2 BEDS	10/14/20	WILL ENSURE TO MAINTAIN & COMPLY TO ALL REQUIREMENTS
49(c)(3)	CONDUCTED A THOROUGH CLEANING IN THE CLIENTS ROOM, ADMNON AREAS & THE BATHROOM	10/7/20	CREATED A LOG TO RECORD DAILY CLEANING ACTIVITIES
50(A)	PRINTED AND ORGANIZED DOCUMENTS FOR: (EMERGENCY PREPAREDNESS) (COVID WORK SHEET)	10/7/20	BRIEF 3 JCG'S ABOUT THE EMERGENCY PREPAREDNESS AND COVID 19 WORKSHEET ENSURED THAT EVERYONE UNDERSTANDS THE PROCEDURE DATED & SIGNED PAPERWORK
53(b)(9)	REMOVED OLD DOOR KNOB REPLACED WITH A NEW DOOR KNOB WITH LOCKING FEATURES FOR THE PRIVACY OF OUR CLIENT.	10/8/20	WILL INSPECT PERIODICALLY IF IT GETS WORN OUT OR BREAK AND WILL ENSURE TO REPLACE IT.
54(c)(5)	MEDICATION ADMINISTRATION RECORD HAS BEEN SIGNED	10/7/20	CREATED AND ORGANIZED (MAR) ON A CLIPBOARD FOR EASY ACCESS TO ENSURE THAT IT IS SIGNED DAILY FOR ALL ROUTINE MEDICATION.

All items that were fixed are attached to this CAP

PCG's Signature: *Lorelei Ferrer*

Date: 8/14/20

CTA has reviewed all corrected items

10/14/2020



CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: LORELEI FERRER  
(PLEASE PRINT)

CCFFH Address: 91-1011 KUMIMI ST. EWA BEACH HI 96706  
(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)	ADL CHECKLIST HAS BEEN SIGNED	10/7/20	CREATED AND ORGANIZED ADL CHECKLIST ON A CLIP-BOARD FOR EASY ACCESS TO ENSURE THAT IT IS SIGNED DAILY.
54(c)(5)	SIGNED BY MISTAKE, BUT MEDICATION WAS ONLY GIVEN 5 DAYS/PER WEEK	10/7/20	WILL REVIEW AND CROSS CUT THE DAYS THAT MEDS WILL NOT BE GIVEN.
SCG #4	ORGANIZED AND INFORMED WHERE TO LOCATE ALL PROPER DOCUMENTS		WILL PASS DOWN INFORMATION EVERYTIME WE ROTATE DUTIES

All items that were fixed are attached to this CAP

PCG's Signature: *Lorelei Ferrer*

Date: 8/19/20

CTA has reviewed all corrected items

10/14/2020