

# Foster Family Home - Corrective Action Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

94-458 Opeha Street

Waipahu HI 96797

Review ID: 1-593196-10

Reviewer: Maribel Nakamine

Begin Date: 10/9/2020

## 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 11/9/2020.

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#3, CG#4, and HHM#3's APS/CAN all lapsed on 3/29/2020 and renewed on 4/15/2020. HHM#4's APS/CAN lapsed on 12/4/19 and renewed on 1/15/2020. HHM#5's APS/CAN/Fingerprinting lapsed on 7/2/19 and renewed on 7/16/19.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- CG#4's TB clearance expired on 6/24/2020 and no renewal seen in home binder.

## 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.

Comment:

53.(a)- No Admission Policy and Agreement form completed for Client #3 on admission to CCFFH.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1)- Client #2's Face/Information Sheet is missing the medical insurance information.

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

Client #1 - Two medications were expired on 9/20/2020 and 10/6/2020.

Client #3- One medication does not match dose on label to the Medication Administration Record(MAR) and doctor's order. Two medications were not transcribed in the MAR. One medication was not available on hand.

Shavikol Nakamine, PC  
Compliance Manager

Melita Goff  
Primary Care Giver

10/9/2020

Date

10/9/20

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 COFFH Certificate: MELITA A. AGPADA  
(PLEASE PRINT)

CCFFH Address: 94-458 OPEHA ST. WAIKAPU 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?
8(a) 11(a)	Lapsed can not be corrected	—	Home will use a calendar or list of dates the back ground checks will expire and at least 2-3 weeks before the expiration date, it should be done to prevent future lapse.
41. 11(i)	CG#4 TB clearance was renewed and already placed into home record.	10/15/20	Home will make on expiration date list for each CG's paper requirements to prevent them from expiring or noticed. PCG will remind other caregivers when an item is due 3-4 weeks before it is due.
53(a)	Client #3 already signed the Admission Policy and Agreement form for Admission to CCFFH. The form already placed into client record.	10/25/20	Home will prepare all the papers and also check the papers prepared by CMA during admission to ensure no missing important documents to be signed by client or clients family

All items that were fixed are attached to this CAP

PCG's Signature: Melita Agpada

Date: 10/28/20

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: MELITA A. AGPADA  
(PLEASE PRINT)

CCFFH Address: 94-458 OPEHA ST. WAIKAPU 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)1	Client #2 Face Information and Vital. Sheets was already completed and the medical insurance information was already updated. The sheet already place into client record.	10/15/20	Home will check any changes on clients medical insurance and notify CMA's office to update the Face Information sheet.
54(c)5	Client #1 two medication were already refilled and expired medication were discarded.	10/19/20	PCG will check properly on the expiration dates even the medication were as needed to be taken by clients.
	Client #3 PCP clarified the order for clients medication and also called pharmacy to follow the directions on the medication label. Notified also CMA's office to update client MAR. Medication for client #3 were already updated and completed MAR were reviewed from CMA's office and placed into clients record.	10/21/20	PCG will look all the medication label and compare it to MAR to make sure all matches before giving the medication to client. Home will notify immediately CMA pcp and Pharmacy if they don't match.

All items that were fixed are attached to this CAP

PCG's Signature: Melita Agpada

Date: 10/28/20

CTA has reviewed all corrected items