

# Foster Family Home - Corrective Action Report

Provider ID: 1-510653

Home Name: Virginia Montano, CNA

Review ID: 1-510653-10

91-1037 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/12/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) Training to all other adults in the CCFFH, on their confidentiality policies and procedures and client privacy rights has not been done for new HHM

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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)(4) There is no updated disclosure form with new HHM listed

41.(b)(6) Per DPP website, the home has 3 bedrooms, 1 bathroom, but physical count of bedroom is 7. The structure of the home does not meet this description. Possibly additions have been made without a building permit. At the kitchen table for the CCFFH, the wall is plywood with a renter living on the other side.

To the left side of the CCFFH there is a walkway leading to wooden structures where renters are living. Due to pandemic and possible State and County closures CCFFH will have 1 year to reconcile with DPP

## 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) internal emergency management policies has not been signed by household members

# Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 9-5 Per "My choice my way" visiting hours cannot be restricted.

Foster Family Home

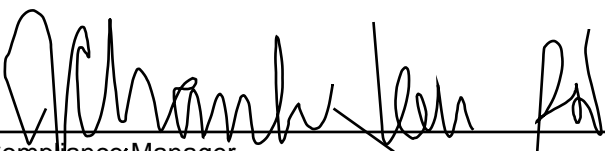
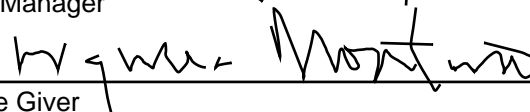
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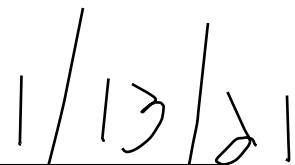
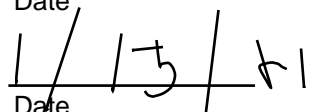
[11-800-54]

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

Comment:

54.(c)(5) There is 1 Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: MS. TERRIE VAN HOUTEN RN

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

PCG's Name on CCFFH Certificate: VIRGINIA MONTANO  
(PLEASE PRINT)

CCFFH Address: 91-1037 KUHINA RD EWA BEACH HAWAII 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?
16.b.5	All Household Member <del>was</del> trained and signed on Confidentiality / Privacy Form placed on my home chart	1/15/21	All caregivers and household members will receive the training w/in 20 days being added to the house
41.a.4	Disclosure form for household Member filled up and signed. attached to home chart	1/15/21	All Household Member and all CG must signed Disclosure Form w/in 20 days and placed Home Chart.
41.b.6	The structure was build in w/out Building Permit out side the premises next comply Per DPP website		I do my best to research possible state and County closures CCFFH w/in 1 yr.
50.a.	Internal Emergency management Policies was read and signed by Household Member attached to Home chart	1/15/21	CCFFH and HHM must read and recognize the guidelines of emergency protocol to fit particular situation in case of emergency: must follow "My choice My day" visiting hours no restriction hours.
53.b.15	My choice My day / day change to 24 hrs. no restrictions in visiting		CG#1 will look at all medications orders bottles and MAR to ensure all match before giving any need medication. Home will notify CHA, MD and PHARMACY if they different
50.c.5	Medication discrepancy was corrected by Client CHA, MD, PHARMACY and CG#1 on Client Medication MAR.	1/14/21	

All items that were fixed are attached to this CAP

PCG's Signature: Virginia Montano

Date: 1-18-21

CTA has reviewed all corrected items