

Foster Family Home - Corrective Action Report

Provider ID: 1-561929

Home Name: Andrea Abad, CNA

Review ID: 1-561929-9

94-685 Kalae Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/8/2021

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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 4/8/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- CG#5's TB clearance result lapsed on 7/18/2020 and no current result present in the CCFFH binder.

41.(b)(8)- CG#1 without a First Aid certification training present in the CCFFH binder. CG#3's Bloodborne certification training lapsed on 1/3/2021 and no current certification present in the CCFFH binder. CG#5's First Aid certification training lapsed on 1/30/2021 and no current certification present in the CCFFH binder.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No completed monthly fire drill present in the CCFFH binder for the months of January 2021 and February 2021.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- CG#1 charged Client #1 for [REDACTED] as evidenced present in the Client Account Expense Record.

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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 gate buzzer/bell/intercom present for CTA/agency to be able to access the CCFFH in a timely manner.

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;

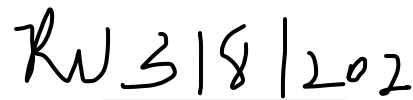
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- No signature of client/POA present in Client #1's chart for the Service Plan dated 12/28/2020.

54.(c)(5)- Medication discrepancies noted for Client #1. One lifesaving medication was not signed in the Medication Administration Record(MAR) from 3/1/2021- 3/7/2021. One medication's label does not match against the MAR and no written MD order present in client's binder. Another lifesaving medication's dose does not match the MAR and the MD's written order.


Compliance Manager

Primary Care Giver


Date
3/8/2021
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: Andrea Abad

(PLEASE PRINT)

CCFFH Address: 94-685 Kalae Street, Waipahu, Hawaii 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)(7)	The TB clearnace that was missing for CG #5 was obtained and placed back into the right place in the binder. It was also up to date with the year till 2023.	6/24/20	Always keeping a reminder ahead of time in my cellphone and in the calender. Having reminders close to the experation date to keep me updated.
41.(b)(8)	For CG #1 I immediately went to get a First Aid class training. Notified CG#3 to get a bloodborne certificate done online. Also, notified CG#5 to get a First Aid class training. When all Caregivers were done with missing documents, I placed them in the right place in the binder.	4/1/20 3/27/21	Continue to keep an up to date document for each of my caregivers and always reminding caregivers to ahead of time to get their training done. Making sure to update my requirements more often. A calendar will be used to keep track of the first aid/CPR and bloodborne pathogen requirments so in the future, they do not lapse.
46. (a)	Contacted each of the caregivers to practice fire drills anytime of the day. Once Caregivers practiced fire drills, I placed the documents in the right place in the binder.	3/12/21	Have a scheuled day of the month to prepare for fire drill practices. Keeping a reminder on my phone and calender.

All items that were fixed are attached to this CAP

PCG's Signature: Andrea Abad

Date: 4-8-2021

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 Andrea Abad

(PLEASE PRINT)

CCFFH Address 94-685 Kalae Street, Waipahu, Hawaii 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?
47. (c)	I called the [REDACTED] to make sure that they were making the montly MAR correctly for patients medication list. Contacted the primary doctor of patient to fix the medications. Also, notidied the nurse of patient to re-check the MAR.	3/9/21	It is always my resposibility to double check the medication list and medications if they match on the MAR. Contact [REDACTED] about the corrections that I seen so that they can fax back the corrected MAR.
48. (a)	Refunded the patient back her allowance and placed it back in her montly allowance from family. The next purchased diapers was taken out of my own money.	3/8/21	I was not aware that the diaper should not be charged by the patient. The amount [REDACTED] was charged to her but reurned back in the patients allowance. Use my own spending to provide for supplies of the patient.

All items that were fixed are attached to this CAP

PCG's Signature: Andrea Abad

Date: 4-8-2021

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: Andrea Abad

(PLEASE PRINT)

CCFFH Address: 94-685 Kalae Street, Waipahu, Hawaii 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)	Went and bought a Ring camera door bell and placed it outside of the garage to make it known that there are guest coming in at any time.	3/31/21	Make sure that the doorbell is always working so that guest can ring and caregiver is aware of who is coming.
54.(c)(2)	Scanned the document to the POA of the patient and notified them about signing and emailing back to caregiver to place in the binder.	3/9/21	Once I receive a faxed document that needs to be signed, I will make sure to leave a note on it and double check binder.
54.(c)(5)	Once I receive the monthly Mar from [REDACTED] I double check given medication from doctors to the MAR list. Making sure that when I give medication, sign it. Always make sure to have a doctors order document and place in the binder.	3/11/21	Make sure to look at the medication and see if it is on the MAR list. Make sure that I signed each medication tht was given. After doctor visits, immediately place the doctors order in the binder.

All items that were fixed are attached to this CAP

PCG's Signature: Andrea Abad

Date: 12
4-11-21

CTA has reviewed all corrected items