

Foster Family Home - Corrective Action Report

Provider ID: 1-190020

Home Name: Bryan Dave Vicente, NA

Review ID: 1-190020-4

94-406 Opeha Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/27/2021

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 2/27/2021.

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

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

Comment:

41.(b)(8)- CG#3's CPR and First Aid certification expired on 1/25/2021 and no renewal present in the CCFFH binder.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present on [REDACTED] Client #1 for CG#1, CG#2, CG#3 and CG#4.

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)- CG#2 had not conducted a monthly fire drill for the past 12 months.

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1)- No MD signature on Client #2's medication order dated 1/21/2020.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars installed for safety near the clients' toilet.

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)- No written authorization present for Client #1's video monitoring situated inside client's bedroom.

Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.(c)(8)- No Personal Inventory present in Client #1's chart/binder.

Marilyn Nakuniga *1/27/2021*

Compliance Manager Date
[Signature] *1/27/2021*

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: Bryan Dave Vicente
(PLEASE PRINT)

CCFFH Address: 94-406 Opeha St. 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.8	CG#1 obtained a current CPR card training for CG#3. Document placed in home binder.	1/31/21	Home will use a wall calendar to put all due dates on CPR will be schedule at least 2 weeks before due date to prevent future lapses.
43.c.3	CG#1 contacted CMA RN to perform delegation on wound care. for CG#1,CG#2,CG#3,CG#4 Signed delegation was filed in Client #1 's chart.	2/5/21	In the future, delegation will be done within 1-2 days of adding new caregivers. Home will notify CMA RN in a timely manner.
46.a	Fire drill has done by CG#2 form placed in home binder	2/1/21	Fire Drills will be done by each care giver at least once a year. Home will use a wall calendar to schedule.
47.d.1	Obtained physician order for client#2	2/3/21	Home will ensure that all medication orders are signed. CG#1 will notify CMA and Doctor for any discrepancy.
49.a.2	Toilet riser with grab bar installed.	1/27/21	In the future home will have safety toilet grab bar available to all clients.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 2/6/2021

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: Bryan Dave Vicente
(PLEASE PRINT)

CCFFH Address: 94-406 Opeha St. 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?
53.b.9	CG#1 obtained written authorization for Video device for Client#1	2/3/21	In the future home will ensure to have written authorization.
54.c.8	Personal Inventory list for Client#1 was done by CG#1 and place in home binder.	1/27/21	Home will ensure to record and update Clients Personal Inventory list.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 2/6/2021

CTA has reviewed all corrected items