

Foster Family Home - Corrective Action Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-6

91-1000 Aeae Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/5/2021

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 CCFFH recertification. corrective action required to CTA within 30 days

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 delegations present for CG#3 for client # 1 or # 2

Foster Family Home Records [11-800-54]

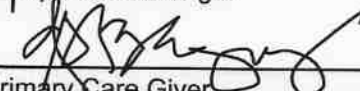
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Medication discrepancy for client # 1 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
Client # 2 was missing 1 medication that is scheduled for twice daily
There was no MAR present for January 2021 for client # 1 or client # 2


Compliance Manager

1/6/21
Date


Primary Care Giver

1/6/21
Date

CTA RN Compliance Manager: 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: Donna Shane Bagay

(PLEASE PRINT)

CCFFH Address: 91-1000 Aea Street, Ewa Beach, Hawaii 96706

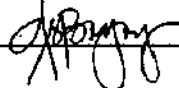
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43.(c) (3)	Primary Caregiver called Case Management Agency and was able to schedule to do delegation for Client #1 and Client #2 for CG#3 who is a Household Member. RN Delegation done on 01/09/2021 for CG#3 by Client's CMA and it was placed into the client's record.	01/09/ 2021	Primary Caregiver understands that she will notify client's CMA that RN delegation needs to be done even for Household Member so they know what's her limitations.
54.(c) (5)	Medication discrepancy for Client#1 was corrected by client's CMA,MD and PG on client's Medication Administration Record.	01/06/ 2021	Primary Caregiver will look at all the medication administration record and bottles to ensure they both match everytime before giving a medication. Home will immediately notify CMA and Doctor if they are different.
	Primary Caregiver called Client#1's Doctor about [REDACTED] for refill so it will be available when needed but Doctor discontinued after assessing client doesn't complain of pain and on [REDACTED] already.	01/07/ 2021	Primary Caregiver will look at all medications even PRN medications ordered are always available in home for urgent use.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 01/18/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: 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: Donna Shane Bagay

(PLEASE PRINT)

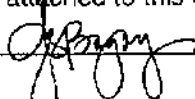
CCFFH Address: 91-1000 Aea Street, Ewa Beach, Hawaii 96706

(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?
54.(c) 5	Primary Caregiver called Client#1's Pharmacy on the day of CTA visit that medications was supposed to be delivered Yesterday (January 05,2021) and the Pharmacy staff said it is showing in their system that it was left in the front door of the home Yesterday and will follow-up with the staff.	01/06/ 2021	Primary Caregiver will follow-up delivered medications and will notify Pharmacy right away when medications were not delivered on the day that was supposed to be delivered.
	Primary Caregiver called Client#2's Pharmacy and request refill for [REDACTED]	01/06/ 2021	Primary Caregiver look all medications and refill before the bottle is about to finished and so that Doctor's have time to fax a prescription refill to the pharmacy when needed.
	Primary Caregiver attached updated Medication Administration Record for Client#1's record and Client#2's record.	01/06/ 2021	Primary Caregiver will prepare the updated MAR 2days before the new month starts so that it is available on the very first day of the month to be signed on the date and time medications administered or given.

 All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 01/18/2021 CTA has reviewed all corrected items