

Foster Family Home - Corrective Action Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-7

706 Hooluu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/7/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/6/2021. *6/7/2021 MN/*

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;

Comment:

8.(a)(1)- CG#3's Ecrim expired on 2/15/2021 and no current renewal present in the CCFFH binder.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No Job Experience form completed by CG#1, CG#3, and CG#4.

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 on dressing change/treatment present for CG#1, CG#2, CG#3, and CG#4 for Client #3's

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- No monthly fire drill conducted by CG#2 for the past 12 months.

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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)- Medication error was discovered during CCFFH inspection for Client #1. Medication [REDACTED] had been withheld and parameter was not followed for the past 12 months. No written documentation present in client's chart to justify withholding the medication [REDACTED]. Also this medication was written incorrectly for the past 12 months in the Medication Administration Record(MAR). MD's order was to administer [REDACTED] on the MAR was only written for [REDACTED].

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- [REDACTED] (as specified in the Service Plan) present in Client #3's bedroom as CG#1's bedroom's location was further on the other side of client's bedroom; Client #3 had no means of calling for assistance.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event completed for Client #3's [REDACTED].

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Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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.(a)(1)- CCFFH's Emergency/Evacuation Map did not reflect the current structure of the home.

54.(c)(2)- Client #1's Service Plan in chart expired on 10/3/2020.

54.(c)(5)- One of MD's medication order and bottle label did not match the frequency in Medication Administration Record (MAR) for Client #1.

Shankel Nakamine, M 5/7/2021

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

5/7/2021 6:43:48 PM