

Foster Family Home - Corrective Action Report

Provider ID: 1-120008

Home Name: Elena Fronda, CNA

Review ID: 1-120008-10

1684 Hoolana Street

Reviewer: Jackie Chamberlain

Pearl City HI 96782

Begin Date: 2/10/2021

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 visit with corrective action plan due to CTA within 30 days of inspection.

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

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;

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(6) Per DPP website, the home has 3 bedrooms, but physical count of bedroom is 4 bedroom. The structure of the home does not meet this description. Possibly additions have been made without a building permit. Due to pandemic and possible State and County closures CCFFH will have 1 year to reconcile with DPP.

41.b.8 No current 2020 or 2021 bloodborne pathogen training present for any caregiver.

41.(c) No proof of training for 2020 CG # 1 or CG # 2

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

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

Comment:

47.(d)(1) There is no MD signed [REDACTED] for client # 2 in the clients binder

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) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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:

There were [REDACTED] in Clients bedroom. There were no consent forms for use of [REDACTED]. Use of [REDACTED] is a violation of client privacy without proper consent.

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;

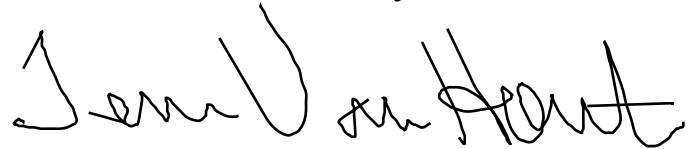
Comment:


54.(c)(2) Service plan for client # 2 lists monthly [REDACTED]. No documented [REDACTED] since 10/2020


54.(c)(5) MAR not signed since 2/5/21 for client # 1 or # 2

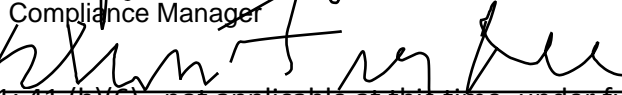
54.(c)(5) Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred. For client # 1, 3 medications were not present in the home and pharmacy states no refill has been requested


Updated 3/23/21: 41.(b)(6) - No longer applicable at this time, under further review by the DOH.




Compliance Manager


Date


Primary Care Giver


Date

Update 3/23/21: 41.(b)(6) - not applicable at this time, under further review by DOH.

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

PCG's Name on CCFFH Certificate: Elena Fronda

CCFFH Address: 1654 Hoolana St. Pearl City, HI 96782
(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) (6)	<p>I will look for construction to give a building permit. Per Jackie, due to pandemic + possible State + County closures I will have 1 year to get building permit.</p> <p>I have contacted a few contractors. One of them requested that I contact an architect. I am waiting for the others to get back to me.</p>		<p>I will get a building permit.</p>
41(c)	<p>Both caregivers will attend yearly in service training and all documents put in folder</p>	<p>2/25/21</p>	<p>I will mark in the calendar as a reminder</p>

All items that were fixed are attached to this CAP

PCG's Signature: Elena Fronda

Date: 3/11/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Elena Florida

CCFFH Address: 1684 Hoolana St. Pearl City, Hawaii 96782
(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)	Both caregivers will attend training for bloodborne pathogen, and infection control, CPR, Basic First Aid and all documents put in folder.	2/15/21	I will mark in the calendar as a reminder
53(b) (15)	I will inform the family that the visiting hours are 24 hrs a day, 7 days a week and visitors should not have to make arrangements to visit. I will print out a new form and have them sign. I informed both families that the [redacted] is to help insure their safety and it will be used for their best interest	2/23/21	Upon admission I will make a folder with the agreement paper regarding visiting hrs and the use of [redacted] inside their room. If they agree they will sign it.

All items that were fixed are attached to this CAP

PCG's Signature: Elena Florida

Date: 2/8/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Elena Fronda

(PLEASE PRINT)

CCFFH Address: 1684 Hoolana St. Pearl City, HI 96782

(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) (2)	I will take my client [REDACTED] every month and documented in the chart	2/11/21	I will mark in the calendar that every 11th of the month, we will take my clients [REDACTED]
54(c) (5)	I will make sure signs my MAR for both my clients	2/10/21	I will put my MAR in the clipboard next to their medications, in order to sign it right away.
54(c) (5)	I will make sure sign I will have the right medication present at home and keep up with the refill and right label. And the signature of the doctor	2/11/21	I will check daily for enough medication & mark in my calendar for enough medication. Make sure to have Dr. prescription

 All items that were fixed are attached to this CAPPCG's Signature: Elena FrondaDate: 2/2/21 CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Elena Fronda
(PLEASE PRINT)

CCFFH Address: 1684 Hoolana St. Pearl City, HI 96782
(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)	I checked all medication labels, MAR, and MD orders. I notified the RN about the MAR not matching the medication label.	3/12/21	I will check to make sure the medication label, MAR, and MD orders all match when I pick up a refill or new prescription. If they do not match I will notify the CM RN as soon as possible.

All items that were fixed are attached to this CAP

PCG's Signature: Elena Fronda

Date: 3/12/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Elena Fronda
(PLEASE PRINT)

CCFFH Address: 1684 Hoolana St. Pearl City, Hawaii 96782
(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(d) (L)	There is no MD signed [redacted] [redacted] for client #2 in the binder Make sure that the patient have [redacted] and [redacted] before admission	2/24/21	Before admission, I will make sure the [redacted] and [redacted] are signs.
50(e)	Installed doorbell	2/17/21	Make sure to install doorbell + working properly for quick access.

All items that were fixed are attached to this CAP

PCG's Signature: Elena Fronda

Date: 2/2/21

CTA has reviewed all corrected items