

Foster Family Home - Corrective Action Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

Review ID: 1-620808-8

94-409 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/22/2021

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 3 bed re-certification inspection.
Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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 for client # 1 [REDACTED]. There is a MD order on 2/01/21 specifically for [REDACTED] and PRN Home is using [REDACTED]

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;

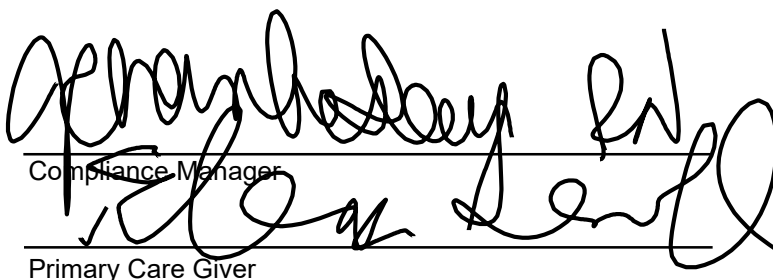
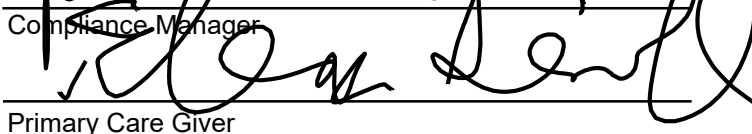
54.(c)(5) Medication schedule checklist;

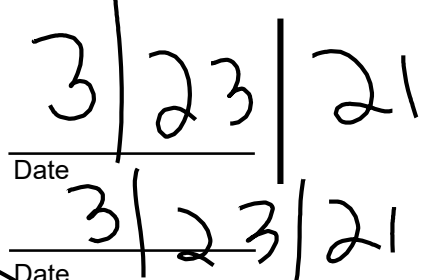
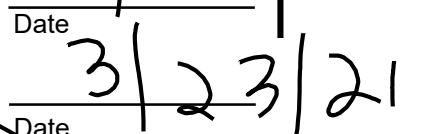
Comment:

54.(c)(2) Service plan for client #1 is not signed (client can sign) and is outdated 8/22/20

Client # 3's service plan is for a [REDACTED]

54.(c)(5) medication administration record not signed since 3/20/21


Compliance Manager

Primary Care Giver


Date

Date

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

PCG's Name on CCFFH Certificate: Elena Sevilla
(PLEASE PRINT)

CCFFH Address: 94-409 Kipon 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?
43(c)(3)	<p>RN Delegation for [redacted] done</p> <p>[redacted] was used on 2/11/21 instead of [redacted] due to [redacted] because its expensive, however the supplier [redacted] asked her to sign [redacted] notice of non coverage & willing to purchase so APRN sent in prescription & now the [redacted] is available now for pt. to use</p>	<p>3/24/21</p> <p>4/16/21</p>	<p>- PCG must comply with the doctors order & PCG must notify of any changes before administering the [redacted] I should be aware all the time to remind myself to follow doctors order</p>
54(c)(2) # 3	<p>Service plan was signed by client</p> <p>Per service plan for item # 3 stated that pt. can't no longer use [redacted] due to [redacted]</p>	3/24/21	<p>- PCG must aware of signing service plan. Client must sign upon admission</p> <p>- PCG/SCG's must monitor client one on one when observe restlessness & gets client out of bed [redacted] within line of sight.</p> <p>- CCFFH will keep MAR at the client room for accurate & timely documentation immediately w/ each medication given.</p>
54(c)(5)	<p>Lapse in documenting medication each time given & can not be corrected. Medication administration records were updated immediately on day of inspection</p>	3/24/21	

All items that were fixed are attached to this CAP

PCG's Signature: Elena Sevilla

Date: 4/19/21

CTA has reviewed all corrected items