

# Foster Family Home - Corrective Action Report

Provider ID: 1-512279

Home Name: Flordelisa Tomas, CNA

Review ID: 1-512279-10

94-1187 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/17/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/17/2021.

## Foster Family Home Client Rights [11-800-53]

53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

53.(b)(16)- CCFFH's refrigerator with written signs of broken, per CG#1 & CG#5, signs was for Client #1 who kept on opening the refrigerator. Also the food pantry cabinets were locked with a padlock to also keep the Client #1 from opening the food cabinets.

## 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;

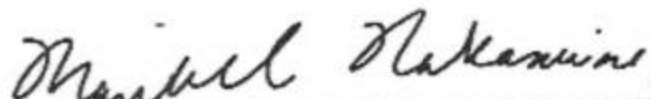
Comment:

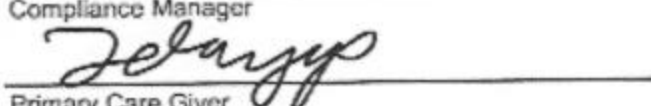
54.(c)(2)- Client #1's Service Plan dated 11/4/2020 was without the POA's signature. Client #2's Service Plan dated 10/16/20 was without the Client/POA, RN CMA, and CG#1.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one medication for daily/bedtime was not signed from 3/1/2021-3/16/2021.

Client #2- one medication's label dose didn't match with the MD's order and the Medication Administration Record (MAR).

  
Compliance Manager  
Date 3/17/2021

  
Primary Care Giver  
Date 3/17/2021

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: Flordelisa Tomas, CNA

(PLEASE PRINT)

CCFFH Address: 94-1187 Halelehua 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.16	Padlock to food and pantry removed. See attached.	3/17/21	Will monitor clients closely and will offer a choice of healthy snacks frequently to prevent clients from opening the refrigerator and cabinet. Will also put small snacks on the table where they can easily access them.
54.c.2	Client #1's Service Plan dated 11/4/2020 POA signed Client #2's Service Plan dated 10/16/2020 Client/POA, RN CMA, and CG#1 signed See attached.	3/20/21	Will file documents in chart to keep track of signatures and dates.
54.c.5	Client #1 Medication ordered daily was missed to sign though it was given daily. Case manager informed.  Client #2 Medication label dose was corrected and matched with MD orders. See attached.	3/20/21	Have MAR opened during medication administration and sign after administering.  Will look at all medication orders, bottles, and MAR to ensure all match before giving new medications. Will also notify CMA, Pharmacy, and Doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: Flordelisa Tomas

Date: 4/6/21

CTA has reviewed all corrected items