

Foster Family Home - Corrective Action Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

Review ID: 1-100028-9

94-428 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/26/2021

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 5/26/2021.

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 for CG#2, CG#4, CG#5, and CG#6 on Oral Medication Administration for Client #1.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed/present for the months of January 2021, February 2021, and March 2021.

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Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 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;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

- 54.(b)- Client #1's progress notes from 9/2020 thru 3/8/2021 were without CG#1/Caregivers signatures after each dated entries.
- 54.(c)(2)- Client #1's Service Plan dated 9/2/2020 without the Guardian's signature; Client #3's Service Plan dated 12/7/2020 without the POA's signature.
- 54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.
Client #1- Medication Administration Record(MAR) was last signed on 4/18/2021. One lifesaving medication was not transcribed in the April 2021 MAR and had not been given from 4/4/2021- 4/25/2021- MD ordered as once a week, no documentation of CMA RN or MD being notified of missed doses. Another medication was not transcribed in the MAR. Client #2- MAR was last signed on 4/18/2021.
Client #3- MAR was last signed on 4/18/2021. Two lifesaving medications ordered by MD did not have the frequency written in the MD's order and MAR.
- 54.(c)(6)- Monthly RN Visit/Summary forms were not present in Client #1's chart for the months of October 2020, November 2020, December 2020, January 2021, and February 2021.

Frankel Nakamine, RN 4/26/2021

Compliance Manager

Date

[Signature]

Date

4/26/2021