

Foster Family Home - Corrective Action Report

Provider ID: 1-597536

Home Name: Grace Jacinto, CNA

Review ID: 1-597536-9

94-1037 Eleu 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 completed for a 2 person CCFFH.

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

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- Renovation was noted in the CCFFH. Per CG#1, did not notify/report to CTA of renovation.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 1/16/2020; CG#3's lapsed on 11/20/2019; CG#4's lapsed on 1/28/2021; and CG#5's lapsed on 12/29/2019. All were without current results present in the CCFFH binder.

41.(b)(8)- CG#5's CPR and First Aid training lapsed on 2/3/2020 and no current training documentation present in the CCFFH binder.

Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.

Comment:

49.(a)(3)- there was a [REDACTED] situated inside CCFFH's living room/recreational area.

49.(d)(2)- There was not an additional bedroom to accommodate a second client in the CCFFH. Per CG#1, a second client's bedroom was currently being occupied by a household member. CTA was not updated of CCFFH's inability to accept a second client.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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.(c)(1)- Client #1's Face/Information Sheet was not updated to reflect client's current Medical insurance information.
54.(c)(5)- one medication was not transcribed in Client #1's Medication Administration Record(MAR). Another medication's label did not match the MD's order and the MAR.
54.(c)(6)- Monthly RN Visit Summary/Notes were not present in Client #1's chart for the months of January 2021, December 2020, July 2020, and May 2020.

Maikel Nakamine, RN 3/17/2021

Compliance Manager

Date

Primary Care Giver

Date

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: Grace Jacinto

(PLEASE PRINT)

CCFFH Address: 94-1037 Eleu Street, Waipahu, Hawaii, 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?
12. (4)	CTA was notified of home renovation in the back of the home.	3/17/2021	CTA will be notified prior to any home renovations.
41. (b) (7)	CG #1, CG #2, CG #3, and CG #5' s TB clearance was obtained on March 23, 2021 and received negative results on March 25, 2021, Results placed in client' s binder.	3/25/2021	Home will utilize an iPhone and wall calendar to schedule date alerts 2 months before expiration to allow time to get them done.
41. (b) (8)	CG#5' s documentation of CPR and First Aid training completed requirements on March 22, 2021. Valid period is for 2 years and documentation placed in client' s binder.	3/22/2021	Home will utilize an iPhone and wall calendar to make sure every caregiver' s documentation is up to date and to allow sufficient time to renew any trainings.
49. (a) (3)	There are 2 common living areas. 1 common living area was previously used as a [redacted] for household member' s school. [redacted] area was removed.	3/22/2021	There will be no other businesses operating in the household.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Grace Jacinto

Date: 4/17/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

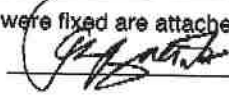
PCG's Name on CCFFH Certificate: Grace Jacinto

(PLEASE PRINT)

CCFFH Address: 94-1037 Eleu Street, Waipahu, Hawaii, 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?
49. (d) (2)	Household member does not occupy the 2nd client's bedroom anymore. CTA was updated of inability to accept a second client.	4/15/2021 1	CG#1 will update CTA when unable to accept a second client and of any changes regarding the rooms.
54. (c) (1)	Client #1's Face/Information Sheet was updated to reflect client's current Medical Insurance information.	4/16/2021 0	CG#1 will contact CMA to update any changes of client's status.
54. (c) (5)	Medication discrepancy was corrected by client's CMA and CG#1 on client's Medication Administration Record.	4/16/2021 0	CG#1 will look at all medication administration records and bottles to ensure both match every time prior to giving a medication. Home will immediately notify CMA if they are different. CG#1 will make sure monthly RN Visit Summary/Notes are given the day of client's monthly RN and Social Worker visits. Will be written on iPhone and wall calendars to update CG#1.
54. (c) (6)	Monthly RN and Social Worker Assessment Visit Summary/Notes are now present in Client #1's chart for the months of January 2021, December 2020, July 2020, and May 2020 and placed in client's binder.	4/9/2020	

 All items that were fixed are attached to this CAP
PCG's Signature: Date: 4/17/21
 CTA has reviewed all corrected items