

# Foster Family Home - Corrective Action Report

Provider ID: 1-120014

Home Name: James Wilson Jr, LPN

Review ID: 1-120014-10

91-992 Papapuhi Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/15/2021

## 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 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 CG # 2 for Client # 1 [REDACTED]

## 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] client # 1 in the clients binder

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) client account for client # 1 is blank

## 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 locked 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

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

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- 54.(c)(8) Personal inventory.

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- 54.(d) All client records and reports are confidential, as provided in section 17-1454-13.1, and shall not be released without the written consent of the client or the client's legal representative, or the case management agency, as applicable. The case management agency shall be informed of any request for the release of information concerning clients and shall retain a copy of the client's written consent to release information.

Comment:

54.(c)(2) Service plan not updated since 07/21/2020  
 54.(c)(8) Client # 1 54. Personal inventory sheet is blank and not signed  
 54.(c)(5) CG # 2 gives medications which have been prefilled by CG #1. CG # 2 cannot verbalize how to remove the [REDACTED] from [REDACTED] from  
 medi-set, or give PRN meds if CG # 1 is unavailable. Also, CG # 2 has not signed MAR when CG # 2 has given the meds

  
 \_\_\_\_\_  
 Compliance Manager  
  
 \_\_\_\_\_  
 Primary Care Giver

3/15/21  
 \_\_\_\_\_  
 Date  
 3/15/21  
 \_\_\_\_\_  
 Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

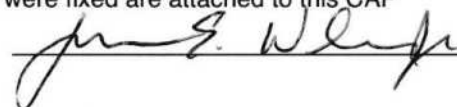
**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: James Wilson Jr.  
(PLEASE PRINT)

CCFFH Address: 91-992 Papapuhi Place Ewa Beach Hawaii 96706  
(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)	██████████ was able to locate existing RN Deligation for CG #2 for Client #1	7/21/20	N/A RN Deligation for CG #1 and #2 for Client #1 ██████████ already exists (see attached)
47.(d) 91)	██████████ has obtained a diet order from Primary Care Physician	3/20/21	Follow-up MD's office and explain to MD that a ██████████ is required for all cliants under the CCFFH program
48.(a)	The Home does not manage, or receive any of the clients personal funds.	3/27/21	Have POA sign forms verifying that PCG does not manage, nor receive any of client's funds, at the time of admission
50.(e)	Door bell has been installed at the gate	3/16/21	Door bell installed at the gate, call house phone at ██████████
54.(c) (2)	Service Plan was updated 1/19/21	1/19/21	██████████ updated service plan 1/19/21, Not sure if was in the chart at time of inspection, but is now inside the chart
54.(c) (8)	Personal Inventory checklist completed	3/25/21	Personal Inventory checklist completed and signed and dated by POA, client has no valuables only clothing. Will complete at time of admission in the future

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 4-9-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

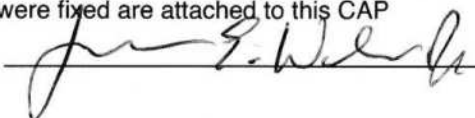
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Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: James Wilson Jr  
(PLEASE PRINT)

CCFFH Address: 91-992 Papapuhi Place Ewa Beach Hawaii 96706  
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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)	CG #2 is able to verbalize how to remove [REDACTED] from medi-set and is signing for medications given by CG #2	3/61/21	Involve CG# in all aspects of medication administration, to include those CG#2 does not give and review twice a year

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 4.9.21

CTA has reviewed all corrected items