

Foster Family Home - Corrective Action Report

Provider ID: 2-130012

Home Name: Jeffry Arellano, CNA

Review ID: 2-130012-12

67 Hokulani Street

Reviewer: Terri Van Houten

Hilo HI 96720

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) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 4/15/2021.

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

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

Comment:

41.(b)(8)-CG #1 BBP/Infection control training expired 12/2020.

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - Client #1 with medication discrepancy. Order was changed in January 2021 and RN CM visit occurred 2/4/2021. MAR not updated to reflect change in dose.

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;


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;

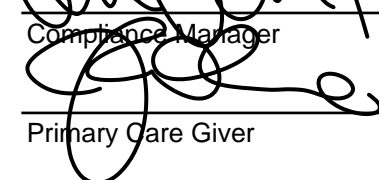
Comment:

54.(c)(2) - Client #1 was missing their SP from 9/2020.

54.(c)(5) - Client #1 had change in dose of medication that was not recorded on the MAR. Dose changed in January 2021

54.(c)(6) - Client #1, RN assessment notes missing from 12/2020 and 1/2021. Client #3-Medications last documented on 3/13/21



Compliance Manager


Primary Care Giver

3/15/21

Date
3/15/21

Date

CTA RN Compliance Manager:

TERRI VAN HOUTEN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

JEFFRY ARELLANO

CCFFH Address:

67 HOKUZANI ST. HILO HI 96720

(PLEASE PRINT)

(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? |
|-------------|--|-------------------------------|---|
| 6.(d)(1) | PCG WILL SUBMIT CAP | 3/29/21 | PCG WILL COMPLY |
| 41.(b)(5) | PCG ALREADY DID BLOODBORNE PATHOGENS TRAINING, EMAILED COPY OF CERTIFICATE | 3/29/21 | PCG WILL MARK CALENDAR TO REMIND RENEWAL OF INSERVICES / BLOODBORNE PATHOGENS |
| 47.(b) | ULT. PCP NOTIFIED AND SIGNED DR. ORDER FORM CM NOTIFIED. PCG EMAIL COPY OF SIGNED FORM OF CHANGE IN DOSE. | 3/16/21 | PCG WILL GIVE PCP FORM TO SIGN FOR FUTURE MEDS. CHANGES. |
| 54.(c)(2) | PCG NOTIFIED CM AND OFFICE FAXED ALL MISSING SERVICE PLAN | 3/15/21 | PCG WILL FOLLOW UP/CALL CM TO FAX SERVICE PLAN AFTER MONTHLY VISIT. |
| 54.(c)(5) | PCG NOTIFIED PCP TO SKN CHANGE OF MEDICATION DOSAGE. | 3/16/21 | PCG WILL GIVE PCP FORM OF CHANGES TO MEDS. DURING DR. VISIT. |
| 54.(c)(6) | PCG NOTIFIED CM/OFFICE AND THEY FAXED MISSING RN ASSESSMENT FROM 12/2020 AND 01/2021 PCG/SCG WILL DOCUMENT AFTER ULT. TAKE MEDS. | 03/15/21 | PCG WILL CALL CM TO FOLLOW UP/FAX RN ASSESSMENT- PCG/SCG WILL MAKE SURE TO INITIAL MAR DAILY AFTER MEDS. GIVEN. |

All items that were fixed are attached to this CAP

PCG's Signature:

Jeffrey Arellano

Date:

03/29/2021

CTA has reviewed all corrected items