Foster Family Home - Corrective Action Report

Provider ID:	**1-590308**		
Home Name:	**Jocelyn Lomboya, CNA**	**Review ID:**	**1-590308-9**
207 Kilani Place		Reviewer:	Maribel Nakamine
Wahiawa HI 96786		Begin Date:	9/25/2020

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

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/25/2020.

6.(d)(1)- see applicable sections

Foster Family Home **Background Checks** **[11-800-8]**

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN/Fingerprinting lapsed on 7/19/19 and renewed on 7/24/19. CG#3's APS/CAN lapsed on 6/5/2020 and no renewal seen in home binder.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2)- CG#3's CNA license expired on 8/31/2020.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Emergency exit door located in the rear end of the home was obstructed with multiple household items, plywoods, boxes, clothing articles on the ground, laundry detergents, trash/rubbish, etc.

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

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed Admission and Policy Agreement for Client #1 and Client #2 on admission to CCFFH.

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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's service plan expired on 7/2020 and Client #2's service plan was expired on 4/30/2020.
54.(c)(5)- Medication discrepancies noted for Client #2. One medication label does not match the Medication Administration Record(MAR) and doctor's order. Three medications were not available- have current MD orders and are listed on the MAR.
54.(c)(6)- No progress note documented for Client #1 since admission to CCFFH on 7/2/19 and for Client #2, the last documentation was dated 4/17/17.

Manikel Nakanne, RN — 9/25/2020
Compliance Manager — Date

[illegible] — 9/25/2020
Primary Care Giver — Date

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Jocelyn Lomboya
(PLEASE PRINT)

CCFFH Address: 207 Kilani Pl, Wahiawa, HI 96786
(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?
8.(a)(1)	Lapse cant be corrected. APS/CAN and fingerprints were renewed and filed in my binder.	10/23/20	I will put a reminder to my calendar to renew all documents 1 month prior to expiration.
41.(a)(2)	CNA License for my CG#3 was expired month ago. I got a copy for CG#3 and filed for my home binder the new & updated CNA license.	9/26/20	I will put a reminder to my calendar to renew all documents 1 month prior to expiration.
41.(f)(1)	HHM#2 TB clearance result. I have it but missed to file it in the home binder.I filed it right away. Updated HHM#3-No TB test results in the home binder. I provided a copy for HHM#3 and filed it right away in the record.	9/26/20	I need to be aware to have a PPD test every year before the due date. I will put a reminder on my calendar to renew the PPD test 1 month before expiration.
49.(a)(4)	Emergency exit door located in the back and rear of house was obstructed for household. Items were removed from in front of the exit.	9/26/20	Need to empty and free the area around the house every date to make sure emergency exits are clear.

☑ All items that were fixed are attached to this CAP

PCG's Signature: JLomboya Date: 1/14/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Jocelyn Lomboya
(PLEASE PRINT)

CCFFH Address: 207 Kilani Pl, Wahiawa, HI 96786
(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.(a)	I received a completed admission and policy agreement for Client #1 & Client #2 on admission to CCFFH. I placed in Client #1 & Client #2 binder.	9/30/20	I will remind CMA to check and review all my client chart for any changes and updates every six months before my next visits again from now on.
54.(c)(5)	Medication discrepancies noted for Client #2. One medication label doesnt match Administration Record (MA) and Dr's order. Three medication are not available have current MD orders and are fixed on the Mar.	9/26/20	I will review the Mar at the beginning of every month to look for discrepancies.
54.(c)(6)	Lapse cant be corrected.	9/30/20	I discontinue using scratch paper I will make sure to log my documentation daily and to keep everything organzied that way its clean and neat by next visit.

☑ All items that were fixed are attached to this CAP

PCG's Signature: JLomboya Date: 1/14/21

☒ CTA has reviewed all corrected items