

Foster Family Home - Corrective Action Report

Provider ID: 1-200008

Home Name: Lourdes Ibe, CNA

Review ID: 1-200008-3

1621 Kaumoli Street

Reviewer: Jackie Chamberlain

Pearl City HI 96782

Begin Date: 2/11/2021

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 3 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 Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) CG # 1 lapse in Fingerprint / APS and CAN due 12/2020

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.

43.(c)(5) Include the caregiver observing the following provisions of care:

Comment:

43.(c)(3) No RN delegation present for Client # 1 for CG # 3
No CG delegations for [REDACTED]

43.(c)(5) There is no progress notes by caregivers since 9/1/2020 (signed by PCP) which was before the admission of the client 11/2020

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) No signed MD orders for client # 1 medications including [REDACTED] which is present in the clients bedroom

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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 # 1 : Personal expense record is blank since admission 11/2020

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) Service plan for client #1 is not signed by the client or the POA


54.(c)(5) Several Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred


54.(c)(6) Daily documentation flow sheet for client # 1 and client # 2 not filled out since 1/24/2020 and had area's of white out on the record



Compliance Manager


Primary Care Giver



Date


Date

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

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

PCG's Name on CCFH Certificate: Lourdes Ibe
(PLEASE PRINT)

CCFFH Address: 1621 Kaumoli st, Pearl City HI 96782
(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 in the future?
11-800-7	Keep up to date record of expiration dates	4/30/2021	Keep a record of expiration dates.
11-80043	Ask CMA for proof of delegation.		I will make sure all caregivers are delegated before taking care of the patient.
11-80047	Ask my case manager from demonstration training.		
11-80047	[REDACTED] obtained copies of the order.	4/30/2021	Check all the signature paper accuracy. I will use a checklist of each cg as the client is admitted to ensure all training and delegation are complete before providing care to the client.
11-80048	Have more up to date logs	4/30/2021	
11-800-49	CMA had a case conference with me. I use of white out, up to date logs record and on the documentation	4/30/2021	As to order from the facility(copies). Ensure I have actual order in my client
		4/30/2021	Update personal expense.
			I will update accordingly and keep up with changes in medication orders.
		4/30/2021	I will make sure my MAR the bottles are matching

All items that were fixed are attached to this CAP

PCG's Signature Lourdes V. Ibe Date: 04/06/2021

CTA has reviewed all corrected items