

# Foster Family Home - Corrective Action Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-9

87-290 Mikana Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 1/20/2021

## 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 inspection. Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d)(3) A baby gate to the kitchen and recreational area of the home is being used as a restraints. It is not listed in the service plan of any client and/or did not have specific orders

## 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 gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 10- 5 Per "My choice my way" visiting hours cannot be restricted.

## 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;

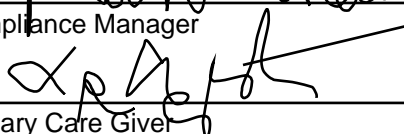
54.(c)(5) Medication schedule checklist;

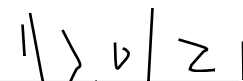
Comment:

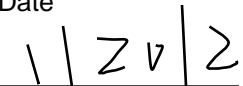
54.(c)(2) Service plan for client #1 is not signed by the client or POA

54.(c)(5) There is several Medication discrepancy for client # 1, 2 and 3 where 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 medication administration record has not been signed for client # 1 since January 17

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: 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: Luz S. Agustin  
(PLEASE PRINT)

CCFFH Address: 87-290 Mikana St. Waianae, HI  
(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?
47. (d) (3)	Baby gate has been removed	1/20/21	I will monitor the home to ensure that clients have free access to common areas within the CCFFH.
50. (e)	Doorbell has been installed at the gate.	1/26/21	Front gate entrance is easily accessible
53.(b) (15)	Visiting hours for client's family and friends has been changed 24/7 week	1/20/21	Family and friends can visit anytime
54.(c) (2)	Client #1 service plan had been signed by client.	1/20/21	Client signature will be monitored and follow up by caregiver
54.(c) (5)	Doctor appointment made all clients have been reevaluated and new medication list had been received.	1/29/21	Client's appointment are listed on calendar and constant communication and coordination will be done with the doctors and case management.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/29/21

CTA has reviewed all corrected items