

Foster Family Home - Corrective Action Report

Provider ID: 1-170068

Home Name: Meryll Kathleen V. Dadulla,
CNA

Review ID: 1-170068-6

94-535 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/5/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 4/5/2021.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)- CG#3 without evidence present of having conducted a monthly fire drill for the past 12 months.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medication side effects present in Client #1's chart.

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;

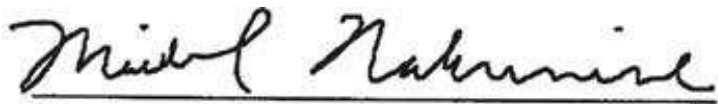
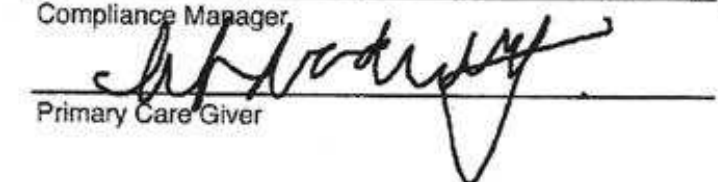
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan dated 12/5/2020 without signature of client/POA present. Client #3's Service Plan expired on 1/14/2021 in client's chart.

54.(c)(5)- Medication discrepancy noted for Client #2- one medication was not transcribed in the Medication Administration Record(MAR).

54.(c)(6)- Monthly RN Visit/Summary not present in Client #1's chart for the months of April 2020, May 2020, July 2020, August 2020, and September 2020.


Compliance Manager

Primary Care Giver

3/5/2021
Date
3/5/2021
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Meryll Kathleen Dadulla
(PLEASE PRINT)

CCFFH Address: 94-535 Pilimai St. Waipahu, HI 96797
(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?
(3P)(b) (6)	Lapse cannot be corrected.	3/25/21	Home will schedule each SCG the opportunity to conduct a monthly fire drill.
47.(c)	List of medication side effects in CI#1's chart was corrected. CMA and CG was able to provide on CI#1s binder	3/25/21	Home will report medication errors and side effects immediately to clients physician and CMA within 24 hours of occurrences as required under section 11-800-50(b). ANd CG shall document these events and the action taken in the client's progress notes.
54.(c) (2)	CI#1's Service Plan was corrected. Client was able to sign her service plan dated 12/5/20. CI#3's Service Plan was corrected by CMA. It was placed into the client record.	3/25/21	CG will check correctly for client's Service Plan if being signed before placing to binder. Home will notify client's CMA 1 week before due date to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Meryll Kathleen Dadulla

Date: 03/28/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Marihel Nakamine

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

PCG's Name on CCFFH Certificate: Meryll Kathleen Dadulla
(PLEASE PRINT)

CCFFH Address: 94-535 Pilimai St., Waipahu HI 96797
(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?
54.(c) (5)	Medication discrepancy was corrected for Client #2 by client's CMA & CG on client's medication administration record.	3/26/21	CG will look at all the medication administration records and bottles to ensure they both match everytime before giving a medicaton. Home will immediately notify CM, Pharmacy & or Dr. if they are different.
54.(c) (6)	Monthly RN Visit/Summary was corrected. Chart for the months of April 2020, May 2020, July 2020, August 2020 & Sept. 2020 was corrected by Client's CMA		Home will notify RN on monthly RN Visit/Summary every after visit to ensure proper documentation and will place RN visit summary to binder.

All items that were fixed are attached to this CAP
PCG's Signature: Meryll Kathleen Dadulla Date: 03/28/21

CTA has reviewed all corrected items