

Foster Family Home - Corrective Action Report

Provider ID: 1-200007

Home Name: Roshelle Matias, CNA

Review ID: 1-200007-3

608 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/7/2021

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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due to CTA on 2/7/2021.

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.

Comment:

43.(c)(3)- No RN delegation present for CG#2 and CG#3 for Client #1.

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.

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(c)- No list of medications side effects present on Client #1.

47.(d)(1)- No MD order for [REDACTED] present on Client #1.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(3) Current copies of the client's physician's orders;

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.(b)- No CG#1's signatures on progress note for Client #1.

54.(c)(3)- No MD orders present for Client #1's medications.

54.(c)(6)- RN Monthly Visit Note missing from 9/2020 for Client #1.

Maribel Nakamine, RN
Compliance Manager

1/7/2021
Date

R. Matias
Primary Care Giver

1/7/21
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: Roselle Matias
(PLEASE PRINT)

CCFFH Address: 608 Kulia St. 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?
43(C)	RN delegation was done for CG#2 and CG#2 and placed into client #1 records.	1/25/21	I will inform CMA that RN delegation needs to be done within 2 weeks of caregiver being added to the home.
54(C)3	MD orders of medication for client #1 was updated and placed into MD records.	1/14/21	I will make sure that all medication listed on MAR have written MD orders.
54(C)6	RN monthly visit note from 9/2020 was placed into CMA records.	1/25/21	I will make sure RN visit summary notes are placed in client #1 file in a timely manner.

All items that were fixed are attached to this CAP

PCG's Signature: R Matias

CTA has reviewed all corrected items

Date: 1/28/21

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFH Certificate: Roshelle Matias
(PLEASE PRINT)

CCFH Address: 608 Kulia St. 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?
47(c)	List of medication side effects on client #1 was obtained and placed into client records.	1/22/21	I will ensure that the list of medication side effects will be placed into client #1 record.
47(d)	MD orders for [redacted] of client #1 was obtained and placed into MD record.	1/14/21	I will make sure there is [redacted] order by the MD for the safety of client #1.
54(b)	CG#1 signatures was corrected on progress note for client #1.	1/9/21	I will make sure to sign the progress note for client #1.

All items that were fixed are attached to this CAP

PCG's Signature: Roshelle Matias

Date: 1/29/21

CTA has reviewed all corrected items