

Foster Family Home - Corrective Action Report

Provider ID: 1-180032

Home Name: Sheila Mendoza, CNA

Review ID: 1-180032-6

94-609 Minoaka Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/18/2021

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 inspection with corrective action plan due to CTA within 30 days of inspection

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

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

Comment:

47.(d)(1) Unable to locate a diet order signed by MD for client # 1 2

Foster Family Home Records [11-800-54]

54.(a)(2) Appropriate program policies and procedures; and

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:


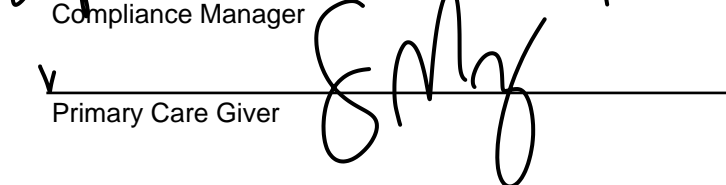
54.(c)(7) Client # 1 No Personal allowance log documentation


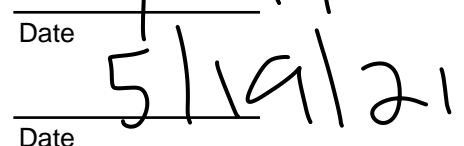
54.(c)(8) Client # 1 No client belonging record documentation

54.(c)(2) Service plan for client # 2 has for [redacted] service plan. CCFFH does not [redacted] and no MD order for [redacted]

[redacted] on service plan with alternative to document [redacted] There is no [redacted] in service plan

54.(c) Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders.


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 (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Sheila Mendoza


(PLEASE PRINT)

CCFFH Address: 94-609 Minoaka Place Waipahu Hawaii 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?
47.(d) (1)	MD order for client # 1 and 2 was located and has been added to the clients binder.	5/19/21	[redacted] order for each client will be flagged with a colored sticky note to always be able to locate and update if diet order change.
54.(c) (7)	Client #1 personal allowance log documentation was done and place it into the clients binder.	5/19/21	Home will update every month the client personal allowance log documentation and ensure that correct details shall be recorded.
54.(c) (8)	Client #1 personal belonging record documentation was done and place it into the clients binder.	5/19/21	Home will update monthly the client personal belonging documentation and ensure that correct details shall be recorded
54.(c) (2)	Home already notify the CMA of client #2 that he is not using the [redacted] and his MD is aware of it. Home also request for the change on documentation of client #2 [redacted] on service plan because [redacted] [redacted]	5/20/21	Always check the service plan and MD order for client. Ensure that service plan and MD order match and shall always be followed.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 5/25/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Sheila Mendoza

(PLEASE PRINT)

CCFFH Address: 94-609 Minoaka Place Waipahu Hawaii 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)	Medication discrepancy was corrected by client's CMA, MD and PCG on Clients Medication Administration Record.	5/25/21	PCG will look at all medication orders, bottles and MAR to ensure all matches before giving any new medication. Home will notify CMA, Pharmacy and MD if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: _____

SMZ

Date: 5/25/21

CTA has reviewed all corrected items