

# Foster Family Home - Corrective Action Report

Provider ID: 1-180019

Home Name: Sheillamari Prepuse, RN

Review ID: 1-180019-6

86-218 Leihoku Street

Reviewer: Maribel Nakamine

Waianae

HI 96792

Begin Date: 3/10/2021

## 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 4/10/2021.

## 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#2 without a documentation present on performing a monthly fire drill for the past 12 months.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(e) The home shall have policies regarding smoking on the property that:

49.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

49.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

49.(a)(2)- Toilet side rails were loose which can potentially be unsafe for the clients.

49.(e), (e)(1), (2)- Noted that in Client #2's bedroom with smell of [REDACTED] upon CTA inspection of client's bedroom. Per CG#1, client do smoke inside the bedroom due to [REDACTED]. However, CTA noted that client uses a [REDACTED] available.

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bathroom without a lock from the inside to provide for clients' privacy.

# Foster Family Home - Corrective Action Report

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 Plans dated 6/30/2020 and 12/4/2020 were without signature of POA.
- 54.(c)(5)- No MD order present in Client #2's chart on [REDACTED]. CG#1 unable to provide a written documentation from MD/APRN.
- 54.(c)(6)- Monthly RN visit summary/notes was not present in Client #1's chart for the month of January 2021.

Mariabel Nakemire, RN 3/10/2021  
Compliance Manager Date

SP Regnier 3/10/21  
Primary Care Giver 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: Sheillamari Prepuse  
(PLEASE PRINT)

CCFFH Address: 86-218 Leihoku St. Waianae, HI, 9692  
(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) (2) ✓	Client 1 POA's signature obtained for service plans dated 6/30/2020 and 12/4/2020	4/5/21	Service plans will be reviewed for accuracy and signatures as soon as updated by the agency.
54.(c) (5) ✓	Prescribing APRN progress notes and order obtained and placed in the client's chart. A copy of client's [REDACTED] also included in client's chart.	4/5/21	A copy of progress notes, order and license will be included in the client's chart as soon as they are renewed or updated.
54.(c) (6) ✓	RN visit summary/notes were obtained from the RN and placed on the client's chart	3/15/21	A copy of the RN visit summary/notes will be requested and placed in client's chart at the conclusion of the visit.

All items that were fixed are attached to this CAP

PCG's Signature: Sheillamari Prepuse

Date: 4/7/2021

CTA has reviewed all corrected items

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: Sheillamari Prepuse

(PLEASE PRINT)

CCFFH Address: 86-218 Leihoku St. Waianae, HI 96792

(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)	SCG performed the fire drill for the month of April.	4/2/2021	SCG #1 was put on a Q3 month schedule to lead, perform and assess a fire drill. Any additional SCGs will also be scheduled on a rotating Q3 month schedule.
49.(a) (2)	Existing toilet side rails were tightened at the joints and an additional toilet side rail was installed.	3/22/21	Toilet side rails will be inspected and maintained on a weekly basis.
✓ 49.(e) (1) 49.(e) (2)	Smoking policy updated to include prohibiting [REDACTED] smoking inside the home except for designated area in the backyard.	3/11/21	Client informed and educated on the policy, signature of acceptance and compliance obtained. Client was shown the picnic table in the backyard which is the designated smoking area. Educated on location of smoking receptacle and how to properly dispose of ash and other smoking debris. Patient provided with a mobile call light to increase safety and sense of security of patient while outdoors.
53.(b) (9)	Existing locks on bathroom door replaced with a lockable door handle	3/23/21	All door handles in the patient area were inspected to insure compliance of client's privacy.

All items that were fixed are attached to this CAP

PCG's Signature: Sheillamari Prepuse

Date: 4/7/2021

CTA has reviewed all corrected items