

# Foster Family Home - Corrective Action Report

Provider ID: 1-170043

Home Name: Shirley Baldonado, CNA

Review ID: 1-170043-6

94-1121 Kaloli Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/14/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/14/2021.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training for HHM#2 and HHM#3.

## 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 on [REDACTED] for CG#1 and CG#2 for Client #1. For Client #2, there was no RN delegation present on [REDACTED] for CG#1 and CG#2.

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

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

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

47.(d)(2) Reflected in the client's service plan; and

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d), (d)(1), (2), (3)- No MD order present for Client #1 and Client#2's [REDACTED]

47.(e)- No special training present for CG#1 and CG#2 on Client #1's [REDACTED] and for Client #2's [REDACTED]

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Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 50.(b) Adverse events shall be reported
- 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.(a)- No Emergency Preparedness Plan training present for CG#2.

50.(b)- Client #2's Service Plan indicated for [REDACTED], per CG#1, client had been [REDACTED] MD order present [REDACTED] for client's [REDACTED]. Per CG#1, did not report to MD or CMA RN on [REDACTED] client's [REDACTED]

50.(e)- No doorbell/ buzzer/intercom call system present at the front door/side gate(locked) for CTA/agency to utilize for quick entry to the CCFFH. CCFFH's cellphone and home number called- both no answers.

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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)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- No current Service Plan present in Client #1's chart. Service Plan expired on 3/18/2021. Client #2's service plan indicated for [REDACTED] Per CG#1, client was [REDACTED] MD order present for [REDACTED] and per CM RN's monthly visit notes, [REDACTED]

54.(c)(3)- No complete [REDACTED] present on Client #1's chart.  
54.(c)(5)- Medication discrepancy noted on Client #2's Medication Administration Record(MAR). There were two medications listed in the MAR without a written MD's order to be discontinued as medications were not available during CCFFH inspection. Per CG#1, MD verbally instructed her to stop giving the medication 6 months ago.  
54.(c)(8)- No Personal Inventory List completed for Client #1.

Maribel Nakani, M  
Compliance Manager

SBaldonado  
Primary Care Giver

5/14/2021  
Date

5/14/2021  
Date