

Foster Family Home - Corrective Action Report

Provider ID: 1-583486

Home Name: Annabelle Banez, CNA

Review ID: 1-583486-8

98-183 Pahemo Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 6/17/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/17/2021.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1) Fire- No monthly fire drill completed from 5/2020 thru 5/2021.

(3P)(b)(6) Fire- CG#2 and CG#3 without evidence 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)- One medication of Client #1 was found to be more than the dose when compared to the MD's order. No adverse event form was completed and no documentation in client's progress note.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one lifesaving medication's label did not match the Medication Administration Record(MAR) and the doctor's order.

Client #2- one medication's [REDACTED] name and MD order didn't match the MAR. Another medication didn't match the dose on the label with the MAR, unable to match medication and MAR with the written MD order couldn't be found in client's chart.

Maribel Nakamine, RN 6/17/2021
Compliance Manager Date
[Signature] 6/17/2021
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Annabelle BanezCCFFH Address: 98-183 Pahemo St. Aiea HI 96701
(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	CG # 2 conducted Fire drill CG # 3 will conduct Fire drill	06/21/21 07/10/21	Home will use wall calendar to schedule Fire drills and should be done monthly. All Caregivers to conduct Fire drills at least once per year.
47.C	Notified CMA. Medication discrepancy was corrected by client's CMA and MD.	06/18/21	Before giving the medication, check MD's order, medication bottle and medlog. Make sure they matched.
54.C	Notified CMA. Medication discrepancy was corrected by client's CMA and MD.	06/22/21	Before giving the medication, check MD's order, medication bottle and medlog. Make sure they matched.

 All items that were fixed are attached to this CAPPCG's Signature: AB BanezDate: 06/29/2021 CTA has reviewed all corrected items