

Foster Family Home - Corrective Action Report

Provider ID: 3-635310

Home Name: Bernadette Carlson, CNA

Review ID: 3-635310-9

74-801 Uluaoa Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 4/27/2021

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 5/27/2021.

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) - Client # 2 and Client #3 did not have RN delegations signed by CG #2 and CG #4

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

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

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that a fire drill was conducted in March 2021

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;

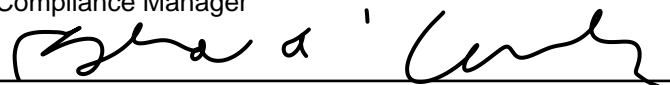
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Client #2 did not have copy of service plan from 8/2020 or 2/2021. Client #3 did not have copy of service plan from 1/2021.

54.(c)(5) - Client #1 did not have a current MD order for one medication. Client #3 had order for medication written 4/4/20 but not included on the MAR from March and April 2021.



Compliance Manager


Primary Care Giver

4/27/21

Date
4/27/21

Date

CTA RN Compliance Manager: Terry Van Houtan

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

PCG's Name on CCFFH Certificate: Bernadette Carlson

(PLEASE PRINT)

CCFFH Address: 74-801 Uluaoa St Kailua kona HI 96740

(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) (3)	CG 1 contacted CM to update RN delegation's for client's #2 and client #3	5/2/21	CG 1 will review RN delagation every month with CM for updated CG'S signature.
(3P) (b) (1)	CG 1 has evidence that fire drill was conducted in march	5/2/21	CG 1 will check binder every month to make sure fire drill was conducted.
54.(c) (2)	CG 1 notified CM for service plan for client #2 and client #3 from 8/2020 or 2/2021	5/2/21	CG 1 will make sure to review service plan's with CM every month .
54.(c) (5)	CG 1 notified MD to update medication for client #1 and #3	5/2/21	CG 1 will look at all medication order's, bottle's, and MAR to ensure all match before giving any medication.

All items that were fixed are attached to this CAP

PCG's Signature: Bernadette Carlson *Bernadette Carlson* Date: 5/2/21

CTA has reviewed all corrected items