

Foster Family Home - Corrective Action Report

Provider ID: 1-170038

Home Name: Glenda Mercado, CNA

Review ID: 1-170038-8

94-882 Lumiholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/27/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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 or skills check list present for client 1, 2 or 3 for Caregivers 2, 3 or 4

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;

Comment:

47 (d) - Unable to locate physicians order for [redacted] for client # 1

47.(d)(1) No [redacted] for client 1, 2. For client # 3 order for [redacted] MAR is signed only [redacted]

Foster Family Home Records [11-800-54]

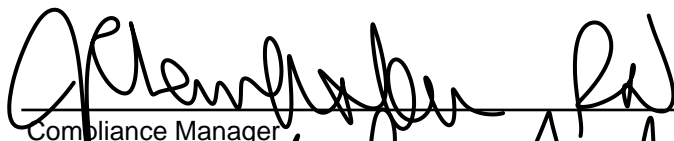

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

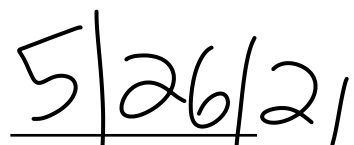
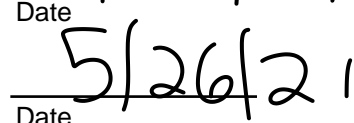
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client #1 and 2 for [redacted] is no [redacted]. Client # 2 no service plan or delegation for [redacted] and action to take [redacted] monitoring training

54.(c)(5) PRN medications are just initialed as given on MAR without the times given


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Terri Van Houten RN/ Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Glenda Mercado
(PLEASE PRINT)

CCFFH Address: 94-882 Lumiholo St. Waipahu HI 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?
43.(c) (3)	All █ CG's done signing in all clients delegations filed on their chart.	6-21-21	Upon client's admission all caregivers must sign all client delegations.
47.(d)	Orders for █ for clients safety was acquired from the doctor.	6-24-21	Caregiver must request a █ from the MD if needed & file to client chart right away to prevent citation from CTA reviewer.
47.(d) (1)	█ on Client 1&2 was signed by MD & filed on client charts. For client #3, █ from the MD, No action was taken, orders from the doctor with date are remains active for █ █ Although CG are signed █ on MAR	6-24-21 8-28-19	During careplan upon admission, CG should follow the █ each client for better nutrition. █ CG supposed to be sitting down with the reviewer during CTA review. If they cant find the MD order █ CG will easily pin point the order they looking for. This event will prevent the █ CG to be cited in the future CTA review.

All items that were fixed are attached to this CAP

PCG's Signature: *Glenda B. Mercado*

Date: 7/21/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: 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: Glenda Mercado

(PLEASE PRINT)

CCFFH Address: 94-882 Lumiholo St. Waipahu HI. 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) (2)	██████████ on client 1&2 was already provided to both client's bedside.	6-21-21	Upon admission CG's should follow the service plan to attached a ██████████ within their reach in each client for their safety purposes.
54.(c) (2)	CMA was made a service plan for client #2 with ██████████ or client that ██████████ it was signed and delegated to all CG's, filed to client home chart.	6-21-21	CMA should delegate to all CG's if the client ██████████ or for ██████████
5.(c)(5)	PRN medications was already written in time after given to right client.	5-27-21	If the MD orders a PRN medications to a client, CG's should write on the MAR the right time that medicines was given.

All items that were fixed are attached to this CAP

PCG's Signature: *Glenda B. Mercado*

Date: 7/21/2021

CTA has reviewed all corrected items