

Foster Family Home - Corrective Action Report

Provider ID: 1-120084

Home Name: Jeanna Mongco, CNA

Review ID: 1-120084-9

87-122A Auyong Homestead
Road

Reviewer: Jackie Chamberlain

Waianae HI 96792

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:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

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

Foster Family Home Quality Assurance [11-800-50]

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(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

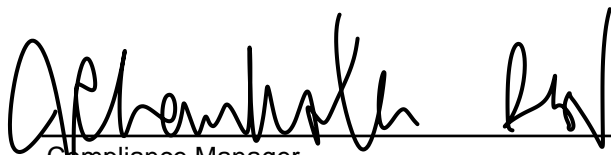
54.(c)(5) No documentation on medication administration record since May 2021

54.(c)(2) Service plan for client #1 is missing completely

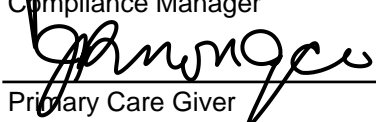
54.(c)(6) No documentation of daily services since May 22 2021

54.(c)(7) Client # 1 No Personal allowance log documentation


54.(c)(8) Client # 1 client belonging record documentation is not signed by client or representative



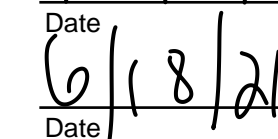
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: _____

Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Jeanna Mongco

(PLEASE PRINT)

CCFFH Address: 87-122 A Auyong Homestead Rd. 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?
50(e)	-Sidewalk gate - We had a doorbell installed outside the gate.	7/7/21	-I made sure that there is a quick communication method and easily accessible for any visitor by having a doorbell installed. I will make sure the door bell working every time.
54(c)(2)	-Service Plan - I filed the service plan on the client's binder.	6/18/21	I will ensure that all service plans are filed on the right tab of the client's binder by periodically checking on it. I will make sure that service plan is filed and call the case management to know.
54(c)(5)	-Medication - I documented all medication administration accurately and file the MAR log on the right tab.	6/18/21	-To prevent this from happening, I will make sure the MAR- med log is documented right away after each medication and also filed on the tab on the client's binder. I will not taking out on the book to avoid missing.
54(c)(6)	-Provision of services through personal care/skilled nursing checklist. I will document the daily personal care/skills provider or rendered to client.	6/18/21	-I will ensure that all personal care should be documented daily and promptly as soon as possible. I will not taking out Mar log and Flow sheet on the book to avoid missing.
54(c)(7)	-Expenditures - The client's personal allowance is handed by the family member. _____	7/1/21	-Family member _____ made a note and has filled on the client's binder. _____ contact number is _____
54(c)(8)	-Personal inventory checklist has been updated and done. Client will have it signed immediately.	6/20/21	-I will make sure to have the Personal inventory checklist organized and will ensure it is filled in and signed for any future use. I will update and sign too.

All items that were fixed are attached to this CAP

PCG's Signature: J Mongco

I brought the whole binder to _____ and help me to file all items. I called _____ to help me too CAP

Date: 7/8/21

CTA has reviewed all corrected items