

Foster Family Home - Corrective Action Report

Provider ID: 1-140041

Home Name: Maria Concepcion Ped, NA

Review ID: 1-140041-10

94-264 Puamano Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/25/2021

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 2 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 Information Confidentiality [11-800-16]

16.(a) All information relating to individuals who apply for or receive home and community-based case management and community care foster family home services shall be confidential.

Comment:

16.(b)(5) No proof of provide training CG # 3 and all HHM on their confidentiality policies and procedures and client privacy rights.

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 no delegation for [REDACTED]

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

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

Comment:

47.(d)(1) No [REDACTED] order signed by MD is present for client 1

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:

Comment:

50.(a) internal emergency management policies has not been signed by caregivers The stairwell to upstairs single family home had a closed door and padlock which affects the home fire safety

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 10-4. Per "My choice my way" visiting hours cannot be restricted

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;

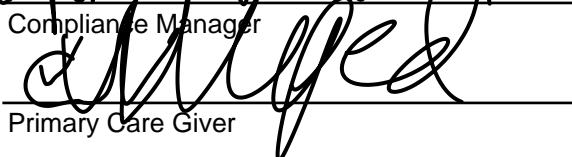
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client #1 service plan has f [REDACTED] documented

54.(c) Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager


Primary Care Giver

5/28/21

Date
5/28/21

Date

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

PCG's Name on CCFFH Certificate: MARIA CONCEPCION PED
(PLEASE PRINT)

CCFFH Address: 94-264 PUAMANO PL. WAIKAPU 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?
16(b)(5)	PCG trained CG #3 and HMM and let them signed the confidentiality policy and procedures and privacy rights.	6-20-21	I will use a checklist of requirements for CG's and HMM's that need to be completed at the time they beginning to living/working in the CCFFH.
43(c)(3)	Lapse cannot be completed. Client has since passed away.	6-24-21	CCFFH will request all delegations from CUA as soon as a client admitted.
47(d)(1)	Lapse cannot be completed. Client has since passed away.	6-24-21	CCFFH will in the future request MD orders for [REDACTED]
50(a)	padlock has been removed from the door of the stairway to go upstairs. PCG, SGG and HMM sign the internal emergency management policies.	6-20-21	I will use a checklist of requirements for CG's and HMM's that need to be completed at the time they beginning to living/working in the CCFFH and I will check the home each month to make sure all emergency exits are open and clear to the outside.
53(b)(15)	PCG changed the visiting hours to no limit.	6-20-21	Home will accommodate visitors at any time.
54(c)(2)	Lapse cannot be completed. Client passed away.	6-24-21	CCFFH will read the service plan for each client on admission and every 6 months and will follow the written service plan. CCFFH will discuss with CUA if any changes are needed.
54(d)(5)	RN reviewed current medication list matched with MAR and medication bottles prescribed by PCP. sent clarification order to PCP.	6-20-21	CCFFH will review the MAR each month with the CUA and be sure that it matches the MD orders and prescription labels.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 06-24-21

CTA has reviewed all corrected items