

Foster Family Home - Corrective Action Report

Provider ID: 1-562779

Home Name: Maritess Ramirez, CNA

Review ID: 1-562779-9

128 Kaniahe Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 7/6/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/6/2021.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CG#5 and CG#6 both are NA and had substituted for more than 5 hours per day when CG#1 went on vacation from 6/24/21 thru 7/5/21.

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 #1's [REDACTED] was not addressed in client's service plan. Client #2's service plan stated for CG#1 to provide [REDACTED] in client's bedroom -there was none present. CG#6 without an RN delegation present on [REDACTED] for Client #1.

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

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

Comment:

(3P)(b)(6)Fire- CG#2, CG#3, CG#5, and CG#6 without evidence of having conducted a monthly fire drill.

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)- CG#5 and CG#6 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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Foster Family Home

Records

[11-800-54]

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;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- one medication was not transcribed in the client's medication administration record (MAR).

Client #2- one medication was not available on hand that had a current MD order and is listed in the MAR.

Client #3- one medication's label and MD order did not match the client's MAR. One medication was not transcribed in the MAR.

54.(c)(6)- No monthly RN Visit/Summary present in Client #1's chart from March 2021, April 2021, and May 2021.

Mariabel Matekanine, LSW 7/6/2021

Compliance Manager

Date

Kimberly A. Ray

Primary Care Giver

7/6/2021

Date