

Foster Family Home - Corrective Action Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-8

94-930 Hiapo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/1/2021

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 inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) ECRIM checks CG # 1 2 4 and 5 are all past due

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

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff No proof of CG # 2 and # 5 to have 3 bed SCG approval

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 for Client # 1 [REDACTED] has had since 4/2021

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

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

Comment:

47.(d)(1) unable to locate [REDACTED] for client 1 2 or 3

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Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no [redacted] in the bathroom closest to Client #1

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 Client Rights [11-800-53]

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

Comment:

53.(b)(15) The 2 person room for Client # 2 and 3 does not has a lock on the inside for patient privacy. It has a lock out the outside knob with no release key or pin in the clients room

J. Chamberlain ps
Compliance Manager

Cherise & Barry
Primary Care Giver

7/1/21
Date

7/1/21
Date

CTA RN Compliance Manager: Reply to 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: Bermejo Foster (Clemencia Bermejo)

(PLEASE PRINT)

CCFFH Address: 94-930 Hiapo Street, 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?
6.(d)(1)	Submitted corrective action plan	07/16/21	Follow preventive strategies
8.(a)(1)	CG #1, 2, & 4 completed ECRIM Checks. Document of the checks were obtained from CG and filed in CG records. CG # 5 already removed as SCG.	07/01/21	In January, a yearly staffing evaluation will be performed. Reviewing CG documents for ECRIM. One month before expiration, a reminder will be sent to the CG to obtain ECRIM documents. All documents obtained by CG and will then be store in CG records.
(3P)(b)(4)	Applied for 3 bed SCG approval for CG #2 Documents of the approval were obtained from CG and filed in CG records. CG # 5 already removed as a SCG.	07/14/21	In January, a yearly staffing evaluation will be performed. Reviewing CG documents for 3 bed SCG approval. One month before expiration, a reminder will be sent to the 3 bed SCG approval documents. All documents obtained by CG and will then be store in CG records.
43.(c)(3)	RN Delegation was done for Client #1 by Client's case management RN. It was placed into client records	07/14/21	Care home will notify Client Case management that a RN delegation needs to be done within 5 business days of a client's notification

All items that were fixed are attached to this CAP

PCG's Signature: Clemencia C. Bermejo

Date: 7/24/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Bermejo Foster (Clemencia Bermejo)

(PLEASE PRINT)

CCFFH Address: 94-930 Hiapo Street, 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?
47.(d) (1)	██████████ and ██████████ were obtain for Clinet 1, 2, and 3 from Client respective Physicians. Orders were filed into respective client records.	07/14/21	During a Client's admission to Home. CG # 1 will review client order's from Client's doctor prior to meals and the ██████████ CG #1 will immedeatly notify doctor, and/or case management if there is descreepancy.
49.(a) (2)	Affix grab bars around toilet area in bathroom. Inspected other toilet area to insure safety.	07/15/21	Within the first week of the month, a facility evaluation will be conducted by CG#1. CG#1 will immedeatly evaluate and make a decision regarding any changes or additions to the Home.
50.(e)	Affix door bell to outside gate. Inspected gate area to insure safety and communication use.	07/08/21	Within the first week of the month, a facility evaluation will be conducted by CG#1. CG #1 will immedeatly evaluate and make a decision regarding any changes or additions to the Home.
53.(b) (15)	Rearrange the door lock in the 2 person room for Client #2 and #3 lock on the inside for patient privacy. Doors were inspected to insure safety and patient privacy	07/01/21	Within the first week of the month, a facility evaluation will be conducted by CG#1. CG#1 will immedeatly evaluate and make a decision regarding any changes or additions to the Home.

All items that were fixed are attached to this CAP

PCG's Signature: Clemencia C. Bermejo

Date: 7/24/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: Bermejo Foster (Clemencia Bermejo)
(PLEASE PRINT)

CCFFH Address: 94-930 Hiapo Street, 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)(7)	Personal allowance log was placed in the respective client records. CG does not manage client allowance.	7/14/21	Within the first week of the month, a records evaluation will be conducted by CG#1. All documents obtained by the CG will immediately be filed in the client records.

All items that were fixed are attached to this CAP

PCG's Signature: Clemencia C. Bermejo

Date: 7/24/21

CTA has reviewed all corrected items