

Foster Family Home - Corrective Action Report

Provider ID: 1-578859

Home Name: Florentina Nunez, CNA

Review ID: 1-578859-8

98-022 Kuleana Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/28/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/28/2021.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No completed monthly fire drills for the following months:
November 2020, December 2020, January 2021, February 2021, March 2021, April 2021, and May 2021.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No lock from the inside of Client #2's bathroom. Under the My Choice, My Way a door lock from the inside should be provided for clients' privacy right.

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)- Client #2's Service Plan dated [REDACTED] without a client/POA's signature.

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

Client #1- all evening medications for today were signed ahead of scheduled time(8:00 pm)

Client #2- all evening medications for today were signed ahead of scheduled time of 8:00 pm.

Client #3- all evening medications for today were signed ahead of scheduled time of 8:00 pm.

Maribel Nakamine, RN 6/28/2021
Compliance Manager Date
Florentina Nunez 6/28/2021
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Florentina Nunez
(PLEASE PRINT)

CCFFH Address: 98-022 Kuleana Place, Pearl City, Hawaii 96782
(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?
(3P) (b) (1)Fire	Lapse cannot be corrected. However, CCFFH conducted a fire drill for the month of June 2021.	06/29/2021	CG#1 will use a wall calendar to schedule due dates to prevent from missing a monthly fire drill.
53.(b) (9)	CG#1 replaced door knob with lock in Client #2's bathroom to comply with My Choice, My Way for client's privacy right.	07/01/2021	CG#1 will review the My Choice, My Way Transition Plan
54.(c) (2)	Client#2's POA signed and dated service plan from 4/5/2021.	06/29/2021	CG#1 will make sure POA sign's the service plan when needed.
54.(c) (5)	CG#1 will not sign MAR if medication has not been administered.	06/29/2021	CG#1 will only sign when medication has been administered for client #1,2,3

All items that were fixed are attached to this CAP

PCG's Signature: Florentina Nunez

Date: 7/3/21

CTA has reviewed all corrected items