

Foster Family Home - Corrective Action Report

Provider ID: 1-510182

Home Name: Marilou Tomas, CNA

Review ID: 1-510182-10

94-253 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/13/2021

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

3P(a)(4) Staff: ■CG does not meet criteria as a 3 bed CCFFH. ■CG does ave evidence of A current Certified Nurses Aide or Nurse Aide certificate as a 2 client bed home.

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) APS/CAN and ECrim checks are past due for caregivers 1, 2 and 3

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Caregiver 1, 2 and 3 are lapsed in CPR, first aid and blood borne pathogens training

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No documentations of fire drills since 2020

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

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

Comment:

47.(d)(1)There is no MD signed for client #1, 2 or 3 in the clients binder

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Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey

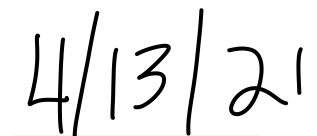
54.(c)(2) Service plan for client # 1 no current service plan last dated 3/22/2020 and unsigned by client or POA service plan has [REDACTED] - there is no [REDACTED]

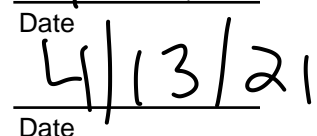
Client # 2 service plan lists for [REDACTED]. No [REDACTED] is documented as taken since admission 10/2020

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders. Client # 1, 2 and 3 MAR is not signed up to date


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN, COMPLIANCE MANAGER

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

PCG's Name on CCFFH Certificate: MARILOU TOMAS
(PLEASE PRINT)

CCFFH Address: 94-253 LOAA ST, 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?
3P.a.4	CNA Certificate was renewed and has an expiration date of 06/30/2022.	4/21/2021	I will use a wall calendar to put all due dates on all certificates and clearances that's expiring.
8.a.1	Lapse cannot be corrected. APS/CAN for CG#1 was obtained Ecrim for CG1 was obtained APS/CAN for CG#2 was obtained Ecrim for CG#2 was obtained APS/CAN for CG#3 didn't lapse but wasn't filed in the home binder. Ecrim for CG#3 didn't lapse but wasn't filed in the home binder. -All clearances obtained were filed into home binder.	4/29/2021 4/14/2021 4/29/2021 4/14/2021 12/14/20 12/2/20	I will use a wall calendar to put dates on all clearances due and remind all CGs 1 month before the due date to prevent future lapses. When obtained, will file to home binder immediately.
41.b.8	Lapse cannot be corrected. 1st AID/CPR was obtained for CG#1 1st AID/CPR was obtained for CG#2 1st AID/CPR was obtained for CG#3 BBP was obtained for CG#1 BBP was obtained for CG#2 BBP was obtained for CG#3	4/20/2021 4/20/2021 1/9/2021 1/14/2021 1/14/2021 1/14/2021	I will use a wall calendar to put all dates on all clearances due and remind all CGs 1 month before the due date to prevent future lapses. I will also put a reminder into phone.
46.a	Firedrill was conducted and led by: CG #1 CG #2 CG #3 All Firedrill Forms was done and filed it into home binder.	04/2020 to 4/2021	I will work on all CG's schedule to conduct and lead the firedrill and make sure to file it into home binder when done.
47.d.1	Diet Order for Client 1, 2, & 3 was signed by their own PCP's and it's filed on their own binder.	5/4/2021	I will make sure to check every client's binder and complete all necessary documents related to client's care.

All items that were fixed are attached to this CAP
PCG's Signature: *MariLou Tomas* Date: 05/15/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager:

JACKIE CHAMBERLAIN, COMPLIANCE MANAGER

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

PCG's Name on CCFFH Certificate: MARILOU TOMAS

(PLEASE PRINT)

CCFFH Address: 94-253 LOAA ST, 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.b.1	CCFFH Administrative Binder was arranged and updated	4/14/2021	I will make sure to always arrange and update the Home Binder for easy checking and access.
54.c.2	Service plans were done for Client#1 by the client's CMA and signed by the client.	5/12/2021	I will notify client's CMA for any service plan's due.
	█ was installed in Client's #1 room.	5/10/2021	I will make sure to read the service plan always and implement any necessary safety measures as stated on the service plan.
54.c.5	Service Plan was updated and revised for Client #2 by the client's CMA. █ was taken out.	5/14/2021	I will make sure to read and understand every detail on the service plan and notify client's CMA if there's any discrepancy.
	Medication discrepancy for Client #1 was corrected by Client's CMA on MAR / Medication Certificate and signed by MD and me.	4/17/2021	I will look and check on all the Medication Administration Records and Medication Bottles to ensure they both match before administering. Home will notify CMA, Pharmacy and MD for any discrepancy.
	Client's #1 #2 & #3 MAR was signed up to date.	4/14/2021	I will make sure to sign MAR up to date on all clients.

All items that were fixed are attached to this CAP

PCG's Signature:

Marilyn Tomas

Date: 05/17/2021

CTA has reviewed all corrected items