

Foster Family Home - Corrective Action Report

Provider ID: 4-100004

Home Name: Christopher Ulep, CNA

Review ID: 4-100004-10

975 Lekeona Loop

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 6/15/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 07/16/2021.

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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) - CG#1, 2, and 3 have certificates of training for BBP and Infection control dated 7/1/2021. CG#1, 2, and 3 last completed BBP and Infection control training on 4/19/19. Lapse in training for BBP/Infection Control. CG#1, 2, 3, 4, 5, and 6 each have a completed BBP/Infection Control training certificate dated 7/2021. CG#2 states that the classes have not taken place yet.

41.(c) - CG#1, 2, and 3 last completed inservice training in May 2020. CG#1, 2, 3, 4, 5, and 6 each have a completed inservice training record dated 7/2021. CG#2 states that the classes have not taken place yet.

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 - CCFFH did not have evidence that a 3 client sign out-sign in record is in use.

Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.
- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

- 47.(b) - Several medication discrepancies noted between MD orders, MAR and prescription bottles.
- 47.(c) - CCFFH did not have evidence that list of medication side effects is present in the files.

Foster Family Home

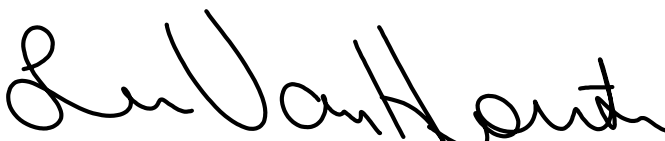
Records

[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;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

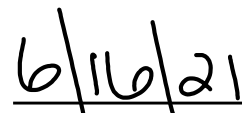
- 54.(c)(5) - MAR did not match the most recent MD orders or the instructions on the prescription bottles.
- 54.(c)(6) - CCFFH did not have evidence of RN monthly visit notes in Client #1's file.
- 54.(c)(7) - CCFFH did not have records of a personal expenditure log for Client #1
- 54.(c)(8) - CCFFH did not have a completed personal inventory log for Client #1




Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten

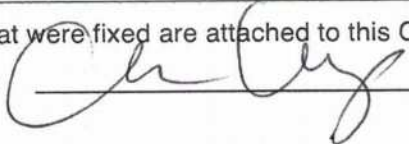
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Christopher Ulep
(PLEASE PRINT)

CCFFH Address: 975 Lekeona Loop Wailuku 96793
(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?
41. (c)	CG#4, Completed 12 hours in-services CG#5,6 Completed 12 hours in-services in 8/10/21 CG# 5,6 Lapse in BBP training cannot be corrected. Did a new in-service training for BBP.	4/3/21 8/10/21	All caregiver will have to attend a 12 hours in-services in timely manner. I will make sure that all caregivers will have in-services every year. Will put a reminder in home calendar to renew training on time

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 8/13/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Christopher Ulep
(PLEASE PRINT)

CCFFH Address: 975 Lekeona Loop Wailuku 96793
(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?
41.(b)(8)	CG# 1,2,3 Lapse in BBP training cannot be corrected. Did a new in-service training for BBP.	6/22/21	Will put a reminder in home calendar to renew training on time.
41.(c)	CG#1,2,3 Lapse in-services. Did new 12 hours in-services.	6/22/21 6/25/21	Will make a reminder calendar to put up on the wall as a reminder. Sign in and out daily
(3P)(b)(2)	Started a new 3 client sign in and out paper for the chart	6/16/21	Review new orders and compare prescribe medications to make sure are all the same instructions
47.(b)	Called MD office for appointment and clarified medication discrepancies. Called Pharmacist regarding prescription bottles label. Called RN regarding discrepancies.	6/18/21	
47.(c)	I have the evidence of medications side effects in a my resources binder so my chart doesn't get bulky.	6/16/21	I will put my resources binder next to my chart so its available when needed. Use google too when needed.
54.(c)(5)	Clarified MD orders with the Doctor, and clarified with the Pharmacist regarding the label.	6/18/21	

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 7/10/21

CTA has reviewed all corrected items

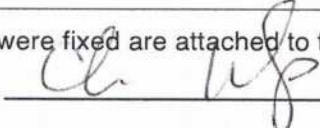
CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Christopher Ulep
(PLEASE PRINT)

CCFFH Address: 975 Lekeona Loop Wailuku 96793
(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) (6)	Will print email and put it in the chart.	6/16/21	I will make sure to print all the emailed documents right away so do not forget.
54.(c) (7)	Made a new record of a personal expenditure log	6/16/21	I will make sure to fill up all documents needed for CCFFH.
54.(c) (8)	Completed personal inventory log	6/16/21	Will make sure to complete paper works for clients.

All items that were fixed are attached to this CAP
PCG's Signature: 

Date: 7/10/21

CTA has reviewed all corrected items