

Foster Family Home - Deficiency Report

Provider ID: 1-200040

Home Name: Colleen Reid, CNA

Review ID: 1-200040-3

5358 Edgewater Drive

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 8/11/2021

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 re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

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

Comment:

47.(d)(1) Unable to locate a [REDACTED] for client # 1 or 2

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

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order [REDACTED] for client # 2


Foster Family Home Records [11-800-54]


54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Client 2 has medications with parameters to [REDACTED] the parameters are not listed on the medication administration record

Client 1 and 2 has 1 med the MAR states [REDACTED] and the prescription label states [REDACTED]


Compliance Manager


Primary Care Giver

8/11/21
Date

8/11/21
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: Colleen Reid

(PLEASE PRINT)

CCFFH Address: 5358 Edgewater Drive, Ewa Beach HI, 96706

(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?
53.(b) (7)	The client's Primary Care Physician was contacted and the Physician visited the CCFFH, reviewed the patient condition and issued directive for the continuous use of [redacted] which was issued by the hospital. (See attached exhibit 1).	8/12/21	1. In the future and always [redacted] CG will assure that if a client is being admitted to my CCFFH and he/she is high risk for fall, that a [redacted] must be ordered by the discharging physician upon admission. PCG will use an admission document and order checklist.
54.(C) (5)	The client's Primary Care Physician was contacted by the PCG and the medication discrepancy was corrected by the Client's PCP who issued directive to correct the Client's Medication Administration Record. (See attached exhibit 2).	8/12/21	1. PCG will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. 2. In the future I will ensure that Doctor's order will be given to the pharmacy and be labeled correctly and likewise Doctor's order will also be given to the CMA to be transcribe in the MAR. 3. [redacted] CG will immediately notify CMA, Pharmacy and/or doctor if they are different
47.(d) (1)	The [redacted] CG contacted the Clients PCP and the PCP reviewed the client's medical conditions and issued a [redacted] plan, which give direction for the client's [redacted] preparations. (See attached Exhibit 3 & 3A)	8/12/21	In the future the PCG will review admissions records to assure that a [redacted] is written by the discharging physician or PCP , before admission of a client to the CCFFH. PCG will use an admission document and order checklist

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8/25/21

CTA has reviewed all corrected items