

# Foster Family Home - Corrective Action Report

Provider ID: 1-513186

Home Name: Luzviminda Padilla, CNA

Review ID: 1-513186-9

92-745 Paala Loop

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 6/17/2021

## 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.

Corrective action 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 [REDACTED] and MD order for [REDACTED] for client # 2

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

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

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- 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;

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- 54.(c)(7) Expenditure records; and

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- 54.(c)(8) Personal inventory.

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Comment:

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation  
54.(c)(8) Client # 1 and 2 No client belonging record documentation  
54.(c)(5) Client #1 and 2 medication administration record has not been signed since June 15 2021 for any routine medications

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out for June 15 for client # 1 and 2  
54.(c) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Jackie Chamberlain

**Community Care Foster Family Home  
(CCFFH) Written Corrective Action Plan  
(CAP)**

Chapter 11-800

PCG's Name on CCFFH Certificate: Luzviminda C. Padilla

CCFFH Address: 92-745 Paala Loop, Kapolei, Hi 96707

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)	Client # 2 Has obtained already a [redacted] Physician's order and reflected in the client's service plan. Just want to mention that Dr's [redacted] dated 8/15/20 had been on filed.	8/15/2021	I will use a checklist for documentation/orders needed at admission and updates with the MAR.
49.(c) (3)	Indoor & Outdoor premises have been arranged to remove the cluttered areas and made them clean.	8/15/2021	I will use a wall calendar/schedule a monthly cleaning of CCFFH to maintain clean and uncluttered surroundings.
54.(c) (5)	Client # 1 & 2 Medication Administration Record (MAR) has been updated for vital information, service plan and physician's order and copies were signed.	8/15/2021	I will set a phone reminder to check all flow medication sheets daily and updated.
54.(c) (6)	Client # 1 & 2 Daily documentation of the provision of services through personal care and significant events were recorded in the client observation flow sheets,	8/15/2021	I will set a phone reminder to check all activities and flow medication sheets daily.
54.(c) (7)	Client # 1 & 2 Personal Allowance log documentation for expenditure has been completed.	8/15/2021	I will use a checklist for documentation/orders needed at admission to record expenditures
54.(c) (8)	Client # 1 & 2 Inventory of clients belonging is being maintained regularly; clients signature were fixed and recorded.	8/15/2021	I will use a checklist for documentation/orders needed at admission to account all patients belonging.
54.(c)	Client # 1 & 2 Found no discrepancy in the Physician's Order; always followed the Dr's order and recorded in the Medication Administration Record (MAR).	8/15/2021	I will set a phone reminder to review the medication with the MAR at the beginning of each month to make sure that medications given to the patients are in accordance with the Dr's prescription which is on filed.

All items that were fixed are attached to this CAP  
PCG's Signature: Luzviminda C. Padilla

Date: 8/26/2021

CTA has reviewed all corrected items