

# Foster Family Home - Deficiency Report

Provider ID: 1-591265

Home Name: Estela Galera, CNA

Review ID: 1-591265-10

91-1530 Kaikoi Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/5/2021

## 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 (eats [redacted]) also [redacted] is ordered for all [redacted] but is not on service plan, is on MAR as [redacted] and not signed

or client # 2 [redacted]

## Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;


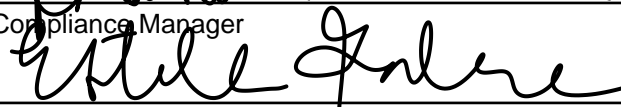
54.(c)(5) Medication schedule checklist;


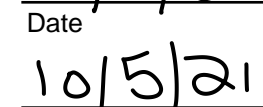
Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) Client # 1 : The [redacted] has been Xeroxed several times and is unread-able including client decisions and MD signature

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

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

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

CTA RN Compliance Manager: Jackie Chamberlain

**Case Management Agency (CMA)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

Name on CMA License: Estela Galera  
(PLEASE PRINT)

CMA Physical Address: 91-1530 Kaikoi Place, 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?
47.(d)(1)	Client#1: Visiting RN wrote a re-order for [REDACTED] on a Physician Orders and Progress Notes to be signed by MD.	10/15/2021	I will make sure all doctor's order will be filed. Report to RN all changes. Make sure RN will update MAR and Service Plan.
	Client#2: RN and Caregiver reviewed files. [REDACTED] on file. [REDACTED] on Service Plan.	10/15/2021	Review Orders and Service Plan with RN and know where they are written, make sure these orders are followed.
54.(c)(2)	Orders are signed by doctor, asked RN to update service plan. Caregiver signed [REDACTED] on MAR everyday.	10/18/21	Every order specially medicines should be signed as they are given. I will also update MD of medicines client not using anymore and get discontinue order.
54.(c)(3)	[REDACTED] is now clear and renewed with the help of Client's POA. She complete the form by reviewing the orders with client and MD, signed by both client and POA and by MD.	10/21/21	Document should be clear and always ready in times of emergency.
54.(c)(5)	Client#1: Visiting RN wrote on Physician Orders and Progress Notes a discontinue order for meds not used anymore to be signed by MD.	10/18/21	I will review all medicines and orders often and notify MD and Visiting RN of all changes concerning clients.
	Client#2: Brought client to MD. Discuss with MD about [REDACTED] given as [REDACTED] on prescription bottle. [REDACTED] order was obtained last. Given daily gives client [REDACTED] MD discontinue [REDACTED], prescribed [REDACTED]	10/18/21	Check prescription bottle labels everytime its refilled. Check with pharmacy if you have the same MD order as them.

All items that were fixed are attached to this CAP

Signature: *Estela Galera*

PRINT Name: Estela Galera Date: 10/29/21

CTA has reviewed all corrected items