

Foster Family Home - Deficiency Report

Provider ID: 1-210022

Home Name: Mika Giada Manding, CNA

Review ID: 1-210022-3

92-574 Ualehei Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 12/20/2021

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 Records [11-800-54]

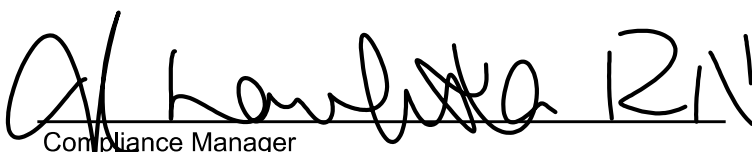
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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


Comment:

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


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.



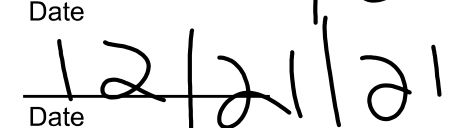
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Mika Giada Manding
(PLEASE PRINT)

CCFFH Address: 92-574 Ualehei Street Kapolei HI 96707
(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)(2)	<p>Client #1 called CMA indicated that the client unable to take [redacted] place in client binder. Client #2 [redacted] and [redacted] was corrected and now place in binder.</p> <p>-Called MD office for Client #1 verified [redacted] ordered routine Q 8 hours and PRN and MD orders was signed and file to client's binder. Copy given to Case Management.</p> <p>-Client #2 called CMA interventions for elopment (install [redacted] [redacted] on [redacted] and [redacted]) and prevent falls (provide [redacted] [redacted]) was taken out from the service plan. Client demented to use [redacted] [redacted]</p>	<p>12/27/21</p> <p>1/3/22</p> <p>1/5/22</p>	<p>Home will review client's binder daily for proper documentation. Caregivers will informs client's CMA immediately avoid any discrepancies.</p> <p>CG will use a note reminder. CG should always notify the PCP and CMA for any changes MD orders must be obtained for any specific changes affecting the level of care such as client condition or medications.</p> <p>CG will review client's service plan daily for proper documentation. Caregiver will inform client's CMA immediately if service plan need any changes and updated. CG will use a note reminder.</p>
54.(c)(5)	<p>MD Orders for Client #1 and Client#2 Medication label and MAR discrepancy has been corrected with the MD,CMA and Pharmacy. Signed by the MD and CMA file client binder.</p>	<p>1/3/22</p>	<p>CG will make sure verify medication labels and MD Orders to make sure MAR's, MD's order and medication label should matches. If there is any discrepancies,Prescriber,Pharmacy and Case Manager should notify as as soon as posible.</p>

All items that were fixed are attached to this CAP

PCG's Signature: *Mika Manding* Date: 01/20/22

CTA has reviewed all corrected items