

Foster Family Home - Corrective Action Report

Provider ID: 1-630576

Home Name: Alejandrina Seatriz, CNA

Review ID: 1-630576-9

91-1050 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/8/2020

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

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

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification. corrective action required due within 30 days

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50 e The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home. This was already cited in March 2020 on the random unannounced visit

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.b.9 Under the My choice, My way new federal HCBS rules, client bedroom and bathroom doors are required to be able to be locked only from the inside by the client for privacy. There is no door at all on the client bathroom

53.(b)(15) visiting hours state limited to 10-2. Per "My choice my way" visiting hours cannot be restricted

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:

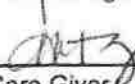
54.(c)(5) [redacted] on medication administration record reads [redacted] Pill bottle reads for [redacted] [redacted] ordered on 08/07/2020 is not on MAR [redacted] pill bottle reads "PRN" but there is no PRN symptoms given, and PCG cannot state what symptom to give it for

MAR not signed since [redacted] for client [redacted] and [redacted] for client [redacted] and [redacted]

54.(c)(3) There is no MD orders at all for client [redacted] in home records



Compliance Manager



Primary Care Giver

9/10/20

Date

9/10/20

Date

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

Chapter 11-800

PCG's Name on CCFFH Certificate: Aljandrina Deatriz
(PLEASE PRINT)
CCFFH Address: 91-1050 Kaeiki St. 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?
50.(e)	Installed ring doorbell outside to easily detect people coming	9-12-2020	- Double check everyday that everything works.
53B(9)	I have to be sure that I am giving patient dignity and respect - Client's bedroom 1,2,3 door knob has been changed and can be locked from the inside only for privacy.	9-12-2020	- Double check everyday that everything works.
53B(15)	Bathroom door has been installed and lock is only inside for privacy - visiting hrs. was posted outside waiting 24/7 welcome visitors CTA didn't see. Clients and visitors are aware.	9-12-2020	visiting hrs. was posted outside
54(d)(3)	I have to be sure that when there is a physician order it needs to be faxed to the case manager RN - I have to be sure that MAR is signed right after giving meds. - MD order for client # [redacted] has been completed.	9-12-2020	- check everyday MAR and med. list
54(c)(5)	med. checklist has been updated by the RN case manager	9-12-2020	I have to be sure that medication checklist ordered by the physician has to be faxed and match the bottles from the pharmacy and should be match on my MAR

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 9-12-20

CTA has reviewed all corrected items