

# Foster Family Home - Corrective Action Report

Provider ID: 1-190093

Home Name: Arturo Borres, NA

Review ID: 1-190093-3

104 Uluwale Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 8/25/2020

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

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 9/25/2020.

6.(d)(1)- see applicable sections of the review

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- 2 medications errors noted for Client #1 and Client #2.

Client #1- No doctor's order for one medication. Client #2 - medication bottle label does not match the doctor's order and Medication Administration Record and per caregivers client received a dose less than what had been prescribed since 5/21/2020 till present.

## 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)- No gate/door buzzer/intercom at the gate. Gate with chain and locked.

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

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

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;

Comment:

54.(c)(5) Medication discrepancies noted for Client #1 and Client #2. Client #1- one medication was without a doctor's order and per caregivers, family gave the medication for client to take.

Client #2- one medication's label doesn't match the Medication Administration Record and the doctor's order. Client had been receiving less dosage than what the doctor had ordered.

54.(c)(6)- No signature of writer/caregiver after each progress notes entries from 12/20/19 thru 3/19/2020.

Maribel Nakamine, RN  
Compliance Manager

Date

8/25/2020

[Signature]  
Primary Care Giver

Date

8/25/2020

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Arturo Borres jr

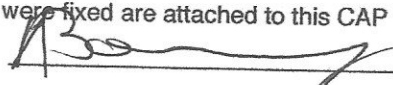
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CCFFH Address: 104 Uluwale place wahiawa hawaii 96786

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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.(c)	Adverse Event reporting forms completed and faxed to each clients CMA and doctors clinic.	8/28/20	Home will double check all new medications bottles label against doctors order and medications administration record(MAR).If anything doesn't match caregivers will notify MD,CMA,RN,Pharmacy.
50.(e)	Installed door buzzer in the gate.	9/02/20	CG will have buzzer/intercom working all the time.
54.(c) (5)	CG#1 contacted CMA,RN,to assist with corrections checklist.	8/26/20	In the future,all caregivers will double check all new medications with doctors orders,medication labels,and medication administration record.If anything doesn't match CG#1 will contact MD,CMA,RN,and Pharmacy.
54.(c)6	Lapse cannot be corrected.	8/26/20	In the future,all caregivers that documented in the progress notes will sign after each dated entries.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/13/2020

CTA has reviewed all corrected items