

Foster Family Home - Corrective Action Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-9

1652 Kalauipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/5/2020
MN

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

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

Comment:

Annual home visit for a 3 person CCFFH completed.

Corrective Action Report issued during home inspection with all items due to CTA by ^{MN}10/5/2020.

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 1/5/2020 and renewed on 1/29/2020. CG#2's APS/CAN lapsed on 4/11/2020 and renewed on 7/15/2020; Ecrim lapsed on 1/5/2020 and renewed on 1/29/2020. CG#3's APS/CAN lapsed on 5/16/2020 and renewed on 5/21/2020; Ecrim lapsed on 5/14/2020 and renewed on 6/26/2020. CG#4's APS/CAN lapsed on 8/15/2020 and renewed on 8/31/2020; Ecrim lapsed on 1/5/2020 and renewed on 1/29/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization from landlord to operate a CCFFH in the Rental Agreement dated 5/29/2019.

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

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- Client #2 was observed sliding off her bed trying to get to the bedside commode. Per CG#1- home has no call system/bell for clients to use.

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2 and Client #3.

Client #1- one medication does not match the doctor's order and bottle label with the Medication Administration Record (MAR).

Client #2- one medication was not available- has MD order and listed in MAR. Second medication was signed as given in MAR - medication had not been available since 2019. Third medication was available in client's medication bin/plastic without MD order and not listed in MAR.

Client #3- one medication was not available; has current MD order and is listed in the MAR.

Maikel Nakamine, RN

Compliance Manager

Juan Alan Duran

Primary Care Giver

9/15/2020

Date

9/5/20

Date

CTA RN Compliance Manager: _____


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

PCG's Name on CCFFH Certificate: _____
(PLEASE PRINT)

CCFFH Address: _____
(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?

All items that were fixed are attached to this CAP

PCG's Signature: _____ 

Date: _____

CTA has reviewed all corrected items