

Foster Family Home - Corrective Action Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

Review ID: 1-130003-3

4506 Ukali Street

Reviewer:

Honolulu HI 96818

Begin Date: 2/4/2015

End Date:

2/4/15 6/16/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.(d)(1)
Review for recertification. Deficiencies listed under separate sections. CAP written with closing date of 5/4/15.

Foster Family Home Background Checks [17-1454-7.1]

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

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

Comment:

7.1.(a)(1)
CG2 has only a 2/5/13 finger[printing].
HHM 1 has only 2013 fingerprinting with no fingerprinting results. HHM 2 has only 2013 fingerprinting.
HHM 3 has no fingerprinting results.

7.1.(a)(2)CG 2 has only a 2/5/13 APS/CAN
HHM 1 has 2013 APS/CAN only.
HHM 2 has 2013 only APS/CAN.
HHM 3 has no APS/CAN. (Has been a resident since last review).

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5)
No confidentiality training.

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Foster Family Home

Personnel and Staffing

[17-1454-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
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- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
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Comment:

- 41.(b)(4)
CG 2 disclosure is not dated.
- 41.(f)(1)
HHM 1: Need to see TB test results as positive.
- 41.(c)
CG 2 has proof of only 4 hours continuing education units in file.
CG 1 has no continuing education units in file.

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Foster Family Home

Physical Environment

[17-1454-48]

- 48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
- 48.(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.
- 48.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;
- 48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.
- 48.(e) The home shall have policies regarding smoking on the property that:
 - 48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and
 - 48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

- 48.(a)(5) SMOke alarms not installed.
- 48.(b)(3) No intercom or call bell.
- 48.(c)(1), 48.(c)(3): Broken concrete at client entrance to home.
- 48.(e) No smoking policy.

Foster Family Home

Fiscal Requirements

[17-1454-49.1]

- 49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

- 49.1a: No budget.

Foster Family Home

Client Rights

[17-1454-50]

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

Comment:

- 50.(b)(15) No visiting hours.



Compliance Manager

Primary Care Giver

Date

Date

3/9/15

2/6/15

PCG's Written Response to Corrective Action Plan Deficiencies

PCG's Name: Myrna Tumbaga

Date: February 23, 2015

Deficiency: **6.d1** **Review for Recertification**

How did you correct this deficiency?

Agreed to review date and time.

How will you avoid committing this deficiency in the future?

Deficiency: **7.1.a1 & 7.1a2** **Criminal History Records & APS/CAN**

How did you correct this deficiency?

Appointments have been made for those who have expired Fingerprinting and APS/CAN.

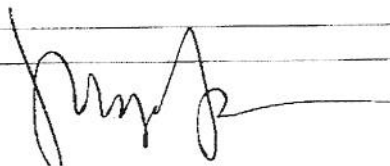
CG#2 - Appt. made on 3/23/15, received results on 3/25/15.
HHM#1 - Appt. made on 2/26/15, received results on 3/3/15.
HHM#2 - Appt. made on 3/9/15, received results on 3/10/15.
HHM#3 - Appt. made on 5/11/15, received results on _____.

Results for CG#2, HHM#1, HHM#2 & HHM#3 were placed in personal files.

How will you avoid committing this deficiency in the future?

I have made my own personal spreadsheet (annual) indicating what month each member of my household, including myself needs to take care of annually whether it is fingerprinting, APS/CAN, TB, CPR/Firstaid, Bloodborne pathogen, etc.....

I will refer to my annual spreadsheet (as mentioned above) so that I there will be no lapse or expired documents needed by CTA.



PCG's Written Response To Corrective Action Plan Deficiencies

PCG's Name: Myrna Tumbaga

Date: February 23, 2015

Deficiency: **13.1.b5** **Training for primary caregiver , substitutes & household members on Confidentiality Policies**

How did you correct this deficiency?

Printed a copy of the Confidentiality Training form from the website and had household members and Substitute caregivers sign.

How will you avoid committing this deficiency in the future?

Reading newsletters, checking CTA website, reading and following HAR . All new adult HHM's & SCG's will be trained.

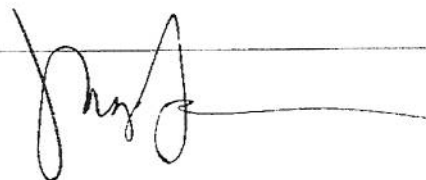
Deficiency: **41.b4** **Complete a psychosocial assessment**

How did you correct this deficiency?

CG#2 Initial Disclosure Form was not dated. This form has been signed by CG#2 and placed in records.

How will you avoid committing this deficiency in the future?

Making sure my substitutes, including myself check and make sure all signed forms are dated.



PCG's Written Response To Corrective Action Plan Deficiencies

PCG's Name: Myrna Tumbaga

Date: February 23, 2015

Deficiency: **41.f1 Tuberculosis clearance that meet department of health guidelines**

How did you correct this deficiency?

Sent positive results for HHM#1 to CTA. It was present and overlooked in my records at the time Of my review.

How will you avoid committing this deficiency in the future?

Positive TB test will remain in personel files.

Deficiency: **41.c In-Service training for Primary caregiver and substitute caregivers**

How did you correct this deficiency?

In service hours from 2014 cannot be corrected.

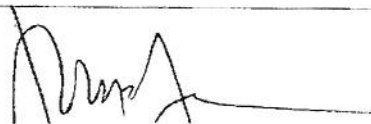
Called AFHA (Adult Foster Homecare Association) to add me on their list so that I will be able to receive upcoming events and training to attend.

Appointments have been made for CG#1 & CG#2 for Bloodborne Pathogen training.

CG1 had 4 hrs present in record overlooked by reviewer.

How will you avoid committing this deficiency in the future?

By attending In-Service classes & seeking classes for CG1 to have 12 hrs annually and CG2 to have 8 hrs annually.



PCG's Written Response To Corrective Action Plan Deficiencies

PCG's Name: Myrna Tumbaga

Date: February 23, 2015

Deficiency: **48.a5 Smoke alarms not installed**

How did you correct this deficiency?

My reviewer did not check for smoke alarms. Being that this was previously an ARCH CareHome, fire/smoke alarms were already installed throughout the house.

How will you avoid committing this deficiency in the future?

My reviewer did not check the home for the fire/smoke alarms. I pointed out if the fire/smoke alarm that was over head, if its OK there, between the kitchen and living area. "OK" was the response. It was mentioned that there should be one in the hallway and I replied that there is one, including each room. My fire/smoke alarm was last checked by a State DOH approved Fire Inspector. I also have a fire extinguisher in the hallway near the kitchen, last checked by Au's Extinguisher Service also State DOH approved.

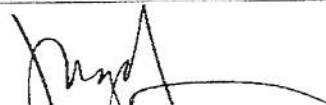
Deficiency: **48.b3 Call bell, intercom or monitoring system**

How did you correct this deficiency?

Although a call bell is installed in each room, including the bathroom, I will purchase additional monitoring and/or intercom for timely interventions for clientele's nighttime needs or emergencies.

How will you avoid committing this deficiency in the future?

By purchasing additional monitor/intercom and make sure they are working properly.



PCG'S WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

PCG's Name: Myrna Tumbaga

Date: February 23, 2015

Deficiency: **48.c1 & 48.c3** **Preventive Maintenance & Home shall be maintained in a clean, well Ventilated, adequate light & safe manner.**

How did you correct this deficiency?

Because I have no clients, patching the concrete was put on hold/delayed.
Broken concrete in the front of the home was patched on **February 21, 2015**.

How will you avoid committing this deficiency in the future?

Making sure that the walkways and the home will be a safe environment for my clients and making necessary repairs as they are needed.

Deficiency: **48.e** **No Smoking Policy**

How did you correct this deficiency?

I have NO SMOKING signs placed at the home. Smoking Policy developed & sent to CTA.

How will you avoid committing this deficiency in the future?

I will inform all clients at admission of designated smoking areas. Copy of policy will be given to clients.



PCG's Written Response To Corrective Action Plan Deficiencies

PCG's Name: Myrna Tumbaga

Date: February 23, 2015