

Foster Family Home - Corrective Action Report

Provider ID: 1-090107

Home Name: Thelma Tugaoen, CNA

Review ID: 1-090107-4

91-1515 Pihi Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 3/18/2015

End Date:

6/19/15

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 in separate sections. CAP written with all items to be submitted by 4/20/15. Picture IDs for CG 2 and CG 3 are illegible. CG4: ID is expired.

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)
CG 1: Only 2014 fingerprint results present in file. Only one fingerprint present.

7.1.(a)(2)
HHM 1 and 2: Only 2/13/14 APS/CAN present.
CG 2: only 6/24/13 APS/CAN present. CG 3: Only 3/12/13 APS/CAN present., CG4 : Only 12/19/13 APS/CAN present.

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 present.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7):
CG 2: NO TB screen present after 2013. CG 3 : No evidence of positive TB status. HHM 1: TB screen was due by 2/21/15.
HHM 2: TB TEST was due 2/19/15.

Foster Family Home - Corrective Action Report

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

41.(3P)(b)(4) To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

41.(3P)(b)(2):

No sign out sheet present between August 2014 and December 2014. Date on December 2014 sheet was changed from 2013. Only sign out for 2015 is 1/17 and 1/31. No other sign outs. Date on January sign out sheet is changed from 2014 to 2015.

41.(3P)(b)(4):

PCG takes all clients with her when going out. She brings an SCG that waits in the car with the other clients. If they need to use the toilet, the client is brought in to the facility and escorted to the toilet by HHM that is not an approved caregiver.

Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.a: No signed Emergency Plan.

Foster Family Home

Insurance Requirements

[17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2)

No auto insurance with enough coverage is present for the driver listed on the alternative drive plan.

Foster Family Home

Fiscal Requirements

[17-1454-49.1]

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.

Comment:

49.1.(b)

No completed financial statement or budget for 2015.



Margaret
Primary Care Giver

6/18/15
Date

6/18/15
Date

June 5, 2015

CCFFH Statement of deficiencies and Plan
of Correction.

Provider - Fingerprint get 2010/2012/2014 - APS/CAN
E crim 2015 updated in my Binder.

1. CG #1. Fingerprint get 2011/2012/2013/ E crim 2015
APS/CAN 2015 by 6/5/2015 result
w/in 14 days submitted to CTA.

2. CG #2. Fingerprint 2012 back to back submitted
to CTA. Fingerprint 2013 E crim 2015
updated in my Binder. APS/CAN 2015
by June 5, 2015 result w/in 14 days
submitted to CTA.

3. CG #3. - Fingerprint 2012/2013 E crim 2014
needs APS/CAN each 1st 1+ two years then
every 2 yrs. APS/CAN get by June 5, 2015
result w/in 14 days. Submitted to CTA.

4. HHM #1. Fingerprint 2011/2012/2014 - E crim 2015
APS/CAN get June 5, 2015 result w/in
14 days. Submitted to CTA.

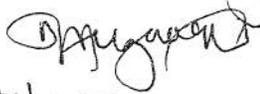
5. HHM #2. Fingerprint 2011/2012/2014 - E. crim 2015
updated. Insurance policy for
coverage 100,000 get a new one
on my Binder. And 1 copy for
CTA. TB clearance updated.
CTA nurse missed it.

Emergency Preparedness Plan updated
on my Binder.

Check my binder every 6 months and put in
my calendar what is updated.

To whom it may concern, pls. call me if i have
missing.

I hope for your kind consideration.

Sign by - Thelma Tugaoen

6/05/15

Address: 94-1515 Pihl St.
Ewa Beach, Hi.
96706

MISSING CORRECTIVE ACTION PLAN

Confidentiality:

#1. Develop form for Confidentiality Training and be it all known to All PCG and SCG, HTHM by explaining and letting them sign that they understand All new PCG + SCG needed to be trained to select further occurrence.

TB #2. Informed CG #2, CG #3 Regarding Expiration of TB Clearance. All Clearance was updated on 4/18/15 and faxes to CTA. PCG to continue Audit All HTHM and SCG. TB Clearance yearly and notify them before expiration date. To prevent further occurrence.

Audit Annually #3 - As of this date sign out sheet will be implemented to all client and family members and to go ~~ADHORO~~ TO it at all times.

Automobile Insurance:

#4. PCG will received insurance to Automobile Nissan Xterra + Submitted TO CTA. PCG to Audit Annually to prevent occurrence.

Person + Staffing -

#5.
#6. PCG to Adhere to the Guidelines that 3 client PCG will always be there at all times. And SCG not CNA will only watch CEFTH for 2 hrs - PCG to know guidelines all the time to prevent occurrence.

Budget - PCG to maintain + review Budget Plan every month to prevent re-occurrence.