

Foster Family Home - Corrective Action Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-3

1707 Kamehameha IV Rd.

Reviewer:

Honolulu HI 96819

Begin Date: 2/9/2015

End Date:

3/9/15

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 issued with closing date of 3/10/15.

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

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)(2)
Numerous APS/CAN were due in 2014 but were not done until 2015.
Only 2013 APS/CAN in file for cg8.

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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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).
- 41.(b)(5)(C)(ii) Have a current tuberculosis clearance;
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

- 41.(b)(4)
Very old disclosures for CG 4 and 5.
- 41.(e)
Only CG1, CG2, CG3 and CG6 are delegated to by the CMA. Only those caregivers have worked in the home. PCG states that [REDACTED] did not inform the CMA of the other caregivers being approved for this home.
- 41.(b)(5)(C)(ii) SCG CG8 needs TB test, not screening.
- 41.(b)(8)
No current first aid for CG8, CG7.

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

- 41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.
- 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.

Comment:

- 41.(3P)(a)(5)
No CEU trainings for CG3.
- 41.(3P)(b)(2)
Upon review of the sign out sheets and from PCG verbal report, the SCGs with no delegations have also never signed in or out at this home. They are on the list for work experience purposes but have never given care.

Foster Family Home

Client Care and Services

[17-1454-43]

- 43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

- 43.(b)
Only a private pay client resides in this CCFFH at this point. No record of contacts is being kept.

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Fire Safety

[17-1454-45]

- 45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.
- 45.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and
- 45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45 a:
Fire drills were not conducted by each caregiver.

Foster Family Home

Physical Environment

[17-1454-48]

- 48.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;
- 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.(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.(b)(1)
PCG sleeps in room with client.
Family members use bathroom by passing through client's room. No screen for privacy.

48.(b)(3)
No way for PCG to hear client when [REDACTED] is upstairs.

48.(e)
No smoking policy.

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:
- 48.1.(a)(1) Sudden illness or accident;
- 48.1.(a)(2) Death;
- 48.1.(a)(3) Violent acts or abuse;
- 48.1.(a)(4) Natural disasters;
- 48.1.(a)(5) Fire; and
- 48.1.(a)(6) Power and telephone outage

Comment:

48.1.(a)
No emergency disaster plan.

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Client Rights

[17-1454-50]

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

Comment:

50.(b)(15)
No visiting policy.



CM

Adrian M. Gaud
Primary Care Giver

3/31/15
Date

4/8/15
Date

DEFICIENCY: 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.(e) No smoking policy

How did you correct this deficiency?

A no-smoking policy was created.

How will you avoid committing this deficiency in the future?

Make sure no-smoking policy is current in binder and a no-smoking sign is visible near entrance.

DEFICIENCY: 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: 48.1.(a)(1) Sudden illness or accident;
48.1.(a)(2) Death;
48.1.(a)(3) Violent acts or abuse;
48.1.(a)(4) Natural disasters;
48.1.(a)(5) Fire; and
48.1.(a)(6) Power and telephone outage

Comment: 48.1.(a) No emergency disaster plan.

How did you correct this deficiency?

An emergency preparedness plan is stored in binder.
Move emergency disaster sign towards visible sight from entrance.

How will you avoid committing this deficiency in the future?

Make sure emergency preparedness plan is current, stored in binder, and map is visible near entrance.

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

Comment: 50.(b)(15) No visiting policy

How did you correct this deficiency?

A visiting policy is created and stored in binder.

How will you avoid committing this deficiency in the future?

Make sure visiting policy is current in binder and visiting policy poster is visible at the door entrance.

**PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES
{INCLUDE DEFICIENCY NUMBER}**

PCG NAME: Ederlina Manzano
DATE: February 25, 2015

DEFICIENCY: 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 issued with closing date of 3/10/15.

How did you correct this deficiency?

Systematically followed instructions to correct deficiencies.

How will you avoid committing this deficiency in the future?

Reviewing staff requirements and making sure that it is complete before I add them as SCG.

DEFICIENCY: 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)(2) Numerous APS/CAN were due in 2014 but were not done until 2015. Only 2013 APS/CAN in file for CG 8.

How did you correct this deficiency?

I have removed CG 8.

How will you avoid committing this deficiency in the future?

Using a personal calendar, all APS/CAN dates for all caregivers will be marked to make sure that I remind them to finish the requirements one month before it expires. I will use my cellphone alarm settings to remind myself to notify my caregivers, too.

DEFICIENCY: 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.

How did you correct this deficiency?

Training form from CTA website was printed and signed by all caregivers.

How will you avoid committing this deficiency in the future?

Make sure training form is current in binder, understood and signed by all caregivers.

DEFICIENCY: 41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment: 41.(b)(5)(C)(ii) CG 8 needs TB test, not screening

How did you correct this deficiency?

I have removed CG 8.

How will you avoid committing this deficiency in the future?

Using a personal calendar, I will annually check and remind all caregivers to have current TB tests before the TB test expires.

DEFICIENCY: 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment: 41.(b)(8) No current first aid for CG 8, CG 7.

How did you correct this deficiency?

I have removed CG 8. I have retrieved the current first aid documents from CG 7.

How will you avoid committing this deficiency in the future?

Using a calendar, I will regularly check that all documents are received and up to date.

DEFICIENCY: 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment: 41.(e) Only CG 1, CG 2, CG 3 and CG 6 are delegated to by the CMA. Only those caregivers have worked in the home. PCG states that [redacted] did not inform the CMA of the other caregivers being approved for this home.

How did you correct this deficiency?

Informed case manager about the deficiency and [redacted] came in to do the delegations with caregivers.

How will you avoid committing this deficiency in the future?

Inform CM in advance regarding added SCGs to schedule an appointment to formally meet with them and CM will review each SCG's skills and delegate nursing tasks.

DEFICIENCY: 41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment: 41.(3P)(a)(5) No CEU trainings for CG 3.

How did you correct this deficiency?

CG 3 completed recent trainings this year and I've kept copies of [redacted] certificates as proof.

How will you avoid committing this deficiency in the future?

Using an online calendar, CG 3 will be reminded of the education training dates in order for [redacted] to complete a minimum of twelve hours of continuing education every twelve months

DEFICIENCY: 41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFH 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 CCFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment: 41.(3P)(b)(2) Upon review of the sign out sheets and from PCG verbal report, the SCGs with no delegations have also never signed in or out at this home. They are on the list for work experience purposes but have never given care.

How did you correct this deficiency?

Created sign out sheets to keep track of who is working when PCG is gone.

How will you avoid committing this deficiency in the future?

Make sure SCGs do sign out sheets to track of who is working when PCG is gone.

DEFICIENCY: 43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment: 43.(b) Only a private pay client resides in this CCFH at this point. No record of contacts is being kept.

How did you correct this deficiency?

Medicaid client expired a few months ago. One private client and one Medicaid resides in CCFH. Informed CMA Re: Medicaid opening and actively checking for Medicaid referrals. Referral, Admission, and Discharge Log printed and all referrals are documented.

How will you avoid committing this deficiency in the future?

Document all attempts to get a Medicaid referral.

DEFICIENCY: 45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment: 45 a: Fire drills were not conducted by each caregiver.

How did you correct this deficiency?

Informed all caregivers to each conduct a fire drill

How will you avoid committing this deficiency in the future?

Assign each caregiver to conduct a fire drill.

DEFICIENCY: 45.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client;

How did you correct this deficiency?

Client has a designated person available at all times.

How will you avoid committing this deficiency in the future?

Client will always have a designated person in case of an evacuation.

DEFICIENCY: 45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

How did you correct this deficiency?

Provided all caregivers training on emergency procedures to follow in the events of fire.

How will you avoid committing this deficiency in the future?

Document fire drills conducted with staff and make sure all caregivers signed.

DEFICIENCY: 45.(3P)(b)(6) shall include all SCGs at least once per year

Comment: 45.(3P)(b)(6) Each SCG did not conduct a fire drill

How did you correct this deficiency?

SCGs to conduct a fire drill

How will you avoid committing this deficiency in the future?

Assign each SCG to conduct a fire drill.

DEFICIENCY: 48.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment: 48.(b)(1) PCG sleeps in room with client. Family members use bathroom by passing through client's room. No screen for privacy.

How did you correct this deficiency?

Client is moved to have own room. Curtains and dividers have been installed to provide privacy at all times.

How will you avoid committing this deficiency in the future?

Make sure curtains are closed to ensure privacy at all times.

DEFICIENCY: 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

Comment: 48.(b)(3) No way for PCG to hear client when [redacted] is upstairs.

How did you correct this deficiency?

Monitoring device is bought and installed. Another client equipped with a call bell.

How will you avoid committing this deficiency in the future?

Carry a monitoring device at all times especially when caregiver is not in close proximity to client.