

# Foster Family Home - Corrective Action Report

Provider ID: 1-559221

Home Name: Elizabeth Catalan, CNA

Review ID: 1-559221-2

94-602 Kipou Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/4/2015

End Date: 3/23/15

## 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 certification. Deficiencies are listed in separate sections. CAP written with all items completed by 4/4/15.

## 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), 7.1.(a)(2)  
HHM 1: [REDACTED] and does not have any background checks in file.

## 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.

## Foster Family Home Contracts with CMAs [17-1454-37.1]

37.1. A home shall not enter into any agreement or contract with a case management agency.

Comment:

37.1.  
PCG stated that one CMA 1 is "[REDACTED] CMA" and [REDACTED] is waiting for a client from that agency.

## Foster Family Home Personnel and Staffing [17-1454-41]

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)  
Deceased SCG not removed from CTA records.

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## 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)  
Second client deceased [REDACTED] Only private client remains in home. No record kept of contacts for new admit because PCG was "asking around" for clients with friends and CMA. PCG informed that [REDACTED] can work with agencies other than CMA 1.

## Foster Family Home

## Medication and Nutrition

[17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46.(b)  
Client 1, CMA1 : Some paperwork signed by RN shows deceased ( deceased [REDACTED] ) SCG being re -delegated 4/11/14.

## Foster Family Home

## Physical Environment

[17-1454-48]

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.(c)(1)  
Wires hanging from ceiling which plug in two light/fans in client living room. Wires exposed on one fan/light ( fixture is not secured).

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:  
No emergency disaster plan in file.

## CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: ELIZABETH T. CATALAN

DATE: 3/28/15

DEFICIENCY: BACKGROUND CHECKS (17-1454-7.1)

How did you correct this deficiency? 7.1(a)(1), 7.1(a)(2) HHM I OBTAINED [REDACTED] CRIMINAL HISTORY, APS, CAIN, FINGERPRINTS. SENT COPY & WAS FILED IN PCC'S BINDER.

How will you avoid committing this deficiency in the future? PREPARE HOUSEHOLD MEMBER [REDACTED] TO HAVE THE BACKGROUND CHECK.

DEFICIENCY: INFORMATION UNCONFIDENTIALITY (17-1454-13.1)  
13.1.(b)(5) NO UNCONFIDENTIALITY TRAINING

How did you correct this deficiency? 13.1.(b)(5) FOUND & FILED IT IN MY BINDER. MADE COPY & SENT.

How will you avoid committing this deficiency in the future? MAKE SURE I HAVE EVERYTHING ON FILE IN ORDER.

DEFICIENCY: PERSONNEL AND STAFFING (17-1454-41)  
41.(e) DECEASED SCG NOT REMOVED FROM CTA RECORDS.

How did you correct this deficiency? 41(e) SUBSTITUTE CAREGIVER CHANGE NOTIFICATION FORM FILED, SENT COPY.

How will you avoid committing this deficiency in the future? SUBMIT THE REQUIRED FORM/ DOCUMENTS ON TIME.

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: ELIZABETH T. CATALAN

DATE: 5/27/14

DEFICIENCY: 37.1 CONTRACTS WITH CMAs



How did you correct this deficiency? CONTRACT FOR SERVICE IS ON FILE (RACCP) NOT AGREEMENT OR CONTRACT WITH A CASE MANAGEMENT AGENCY. MADE COPIES & SENT.

How will you avoid committing this deficiency in the future? MAKE SURE FILES ARE IN ORDER.

DEFICIENCY: 43.6 REGARDING ONLY HAVING PRIVATE PAY CLIENT & NO RECORD OR INFORMATION FOR LOOKING FOR A MEDICAID CLIENT.

How did you correct this deficiency? IT WAS [REDACTED] WHEN MY OTHER CLIENT (MEDICAID) PASSED AWAY. I TRIED TO FIND ANOTHER ONE BUT THERE'S NO GOOD REFERRAL. I WILL CONTINUE TO LOOK FOR MEDICAID CLIENT, LIST IF CMAs WITH THEIR PHONE NUMBERS ARE ON FILE.

How will you avoid committing this deficiency in the future? CONTACT ALL CMAs FOR MEDICAID REFERRALS 'TILL ITS AVAILABLE MY BED FOR MEDICAID RECEPIENTS.

DEFICIENCY: 46.6 RN DELEGATION FOR A DECEASED CAREGIVER

How did you correct this deficiency? NOTIFY CMA, FILED ON FILE W/OUT SIGNATURE OF THE DECEASED CAREGIVER. MAKE COPIES & SENT.

How will you avoid committing this deficiency in the future? MAKE SURE FILES ARE CURRENT.

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: ELIZABETH T. CATALAN

DATE: 3/23/15

DEFICIENCY: PHYSICAL ENVIRONMENT

48.(c)(1) WIRES HANGING FR. CEILING W/C PLUG IN TWO LIGHT/FANS IN CLIENT LIVING ROOM

48.(e) NO SMOKING POLICY

How did you correct this deficiency? 48.(c)(1) WIRE HANGING FROM CEILING AND FIXTURES W/ PAN/LIGHT IN CLIENT LIVING ROOM WAS FIXED ON (3/21/2015)  
48.(e) NO SMOKING POLICY, FOUND ON CLIENT CHARTS,

MADE COPY & SENT.

How will you avoid committing this deficiency in the future? MAKE SURE WIRES ARE PROPERLY SECURED FOR SAFETY OF CHARTS.

DEFICIENCY: QUALITY ASSURANCE

48.1: NO EMERGENCY DISASTER PLAN IN FILE

How did you correct this deficiency? FOUND IN FILE, MADE A COPY & SENT.

How will you avoid committing this deficiency in the future? MAKE SURE FILES ARE IN ORDER

DEFICIENCY: CLIENT RIGHTS (17-1454-50)

50.(b)(15) NO VISITING HOUR POLICY

How did you correct this deficiency? FOUND IN FILE, MADE A COPY & SENT. PROVIDE NOTEBOOK TO LOG (SIGN IN/OUT).

How will you avoid committing this deficiency in the future? MAKE SURE FILES ARE IN ORDER