

Foster Family Home - Corrective Action Report

Provider ID: 5-626228

Home Name: Emilia Navarro, CNA

4974 Alii Road

Hanapepe HI 96716

Review ID: 5-626228-3

Reviewer:

Begin Date: 5/28/2015

End Date: *SW 5/28/15*

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

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

Comment:

6.d.1 Home visit made for a 3 bed recertification review. Corrective Action Report issued during home visit with all items due to CTA by 6/28/15. See applicable sections of this review.

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 Only state name check on file for CG#1 and HHM#1 is 3/24/15. CTA unable to verify compliance with required timeframe since previous state name check is not in record.

7.1.a.2 CAN checks were first due in 2013 with a second check done within 365 days. CAN checks lapsed: CG#1 was due on/before 2/4/14 for second checks and was done 3/5/15 -no 2013 checks in file. CG#2 has only 3/10/15 CAN checks present - none from 2013 or 2014. CG#3 was due on/before 3/20/14 for 2nd checks and was done 7/23/14. HHM#1 was due on/before 4/16/14 for second checks and was done 3/5/15.

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 home confidentiality/privacy training present for any caregiver or adult household member.

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Personnel and Staffing

[17-1454-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 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.7 No 2013 TB clearance present for CG#2. CTA unable to verify if 8/15/14 TB clearance was performed within required timeframe. No 2014 TB clearance present for CG#3. No 2013 or 2014 TB clearance present for HHM#1.

41.b.8 First aide present in record expired 1/2014 for CG#2. There is no first aide present for CG#3 for any year.

Bloodborne pathogen training lapsed: CG#1 was due on/before 1/14/14 and was done 7/21/14. CG#2 and CG#3 have no bloodborne pathogen training signed for by an instructor or employer for 2013, 2014 and 2015.

41.e No CTA approval form present for CG#3

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

- 41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.
- 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.4 No job experience present for CG#3 to prove the one year of required experience.

41.3P.a.5 No in-service training records present for CG#2 and CG#3 that contain the all of the following elements: name of course, hours course took, an instructor or employer signature, date of course.

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 Home is utilizing a 7 day medication planner. CTA called the client's CMA and this is not part of the delegation procedure for proper medication administration.

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Physical Environment

[17-1454-48]

- 48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
- 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.1 There is no non-slip mat or surface present in the client tub/shower area.

48.a.5 The fire extinguisher present is not charged and will not operate properly if used.

48.e There is no smoking policy present.

Foster Family Home

Client Rights

[17-1454-50]

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

Comment:

50.b.15 There is no visitation policy present.

Foster Family Home

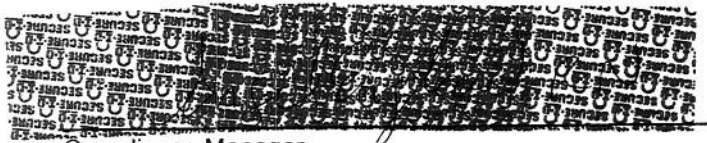
Records

[17-1454-52]

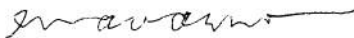
- 52.(a)(3) A list of applicable community resources.

Comment:

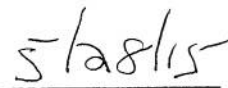
52.a.3 There is no list/book of community resources present.



Compliance Manager



Primary Care Giver



Date



Date

5-626228

Emilia Navarro's Foster Home
4974 Alii Rd., Hanapepe, Kauai

mail

Plan of Correction

June 10, 2015

17-1454-6.d.1 – **Required certificate.**

The home is attaching plan of corrections in compliance with all State regulations.

17-1454-7.1 **Background Checks**

a.1 & 2 The home did not have an updated criminal history record checks for both substitute caregivers when home re-started admitting new residents. Both current background checks are now on file and will assure that such requirements will be followed in the future.

#2 done on March 10, 2015

#3 done of 7/23/14 and March 19, 2015

I tried to obtain background checks for the years 2013 and 2014, but our Police Department, County of Kauai indicated that they are not able to retrieve past years' background checks.

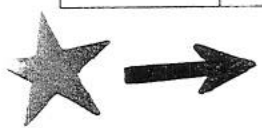
17-1454-13.1 **Information Confidentiality**

13.1(b) (5) The home obtained copies of in-services and training relating to Information Confidentiality for CG 2&3. A training on Information Confidentiality for PCG #1 and HMM was done on June 9, 2015. Attached are copies (#1) supporting this requirement.

17-1454-41 **Personnel and Staffing**


41.(b)(7)(8)

Personnel	TB Clearance			Bloodborne Pathogen Standards Training	CPR & First Aide
	2013	2014	2015		
CG#1	submitted	submitted	3/15/15	completed	4/10/2014 till 2016
CG#2	08/23/13 (see attached #9)	8/15/14 (unverifiable during the visit)	3/10/15	See attached (#2) 04/22/15	see attached #3 6/6/15
CG#3	3/19/13 See attached	none [redacted] tried to get a copy from [redacted] primary employer but they can't find [redacted] record.	5/13/15	09/22/14 See attached	see attached #3 6/6/15
HMM	2/6/13 See attached #10	Not done	3/15/15	(see attached #4) 06/07/15	3/4/15



06/27/15

(CTA, Inc.)

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- ① Background checks - From now on I have to implement a tracking system to monitor the due dates to prevent from expiring in the future.
 - ② Information Confidentiality - I have to inform at all times my subcaregivers about confidentiality to safeguard my clients' privacy, therefore to respect clients' rights.
 - ③ 41.2 - Implementing a monitoring tool to check my subcaregivers' paperworks on requirements to prevent from having a deficiency in the future.
 - ④ I'm sending a completed Job Experience Form of CG #3.

Thank you very much,
Emilia B. Navarro