

Foster Family Home - Corrective Action Report

Provider ID: 4-562977

Home Name: Evelyn Aquino, CNA

Review ID: 4-562977-3

30 East Hawaii Street

Reviewer:

Kahului HI 96732

Begin Date: 3/16/2015

End Date: 4/15/15

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. No fingerprints found for CG #2. State name check for 1/17/13 found for CG #2 in file. ✓

7.1.a.1. No second fingerprints found for CG #4. CG #4 has 9/11/12 fingerprints on file. ✓

7.1.a.2. No 2013 and 2014 APS/CAN checks for CG #1, CG #2, and CG #4. No 2014 APS/CAN check for CG #3. ✓

7.1.a.2. APS/CAN check lapsed for CG #4. Done 1/25/14 and due 1/17/14. 2015 APS/CAN check found on file dated 2/17/15.

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 Confidentiality/Privacy Rights Training for all caregivers. ✓

Foster Family Home 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.(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.

Comment:

41.b.7. No 2014 TB tests for CG #1 and CG #2. CG #1 and CG #2 2015 TB found on file. No 2015 TB test found for CG #4. ✓

41.b.8. CPR/First Aid lapsed for CG #1. Done 3/1/15 and due 1/7/15. ✓

41.b.8. Bloodborne pathogen training lapsed for CG #2. Done 2/1/15 and due 1/14/15. ✓

41.c. CG #1, CG #3, CG #4 needs RN signature for 2014 annual training. CG #3 needs 2 additional hours of annual training. ✓

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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.

Comment:

41.3P.b.2. 3 Client Sign out Sheet not completed

Foster Family Home

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.

Comment:

45.a. No monthly fire drills conducted. Only one month of fire drills found on file done 1/18/15.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(1) shall be conducted monthly

Comment:

45.3P.b.1. 45.a. No monthly fire drills conducted. Only one month of fire drills found on file done 1/18/15.

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. No current medication list with MD signature found in file for client #1.

Foster Family Home

Physical Environment

[17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.e. No smoking policy found in file.

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 Emergency Preparedness plan found in home.

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Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

No 2015 Liability insurance found in home.

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.

Comment:

49.1.a. No financial budget found in file.

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 found in file.

Foster Family Home Records [17-1454-52]

52.(a)(2) Appropriate program policies and procedures; and

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

52.(c)(3) Current copies of the client's physician's orders;

52.(c)(5) Medication schedule checklist;

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.a.2. No CCOFFH home policies and procedures found in file.

52.a.3. No resource list found in file.

52.c.3. No current MD orders found in file for client #1.

52.c.5. No current MAR found in file for client #1.

52.c.6. No observation/personal care checklist performed for March 2015 for client #1.

52.c.6. No current monthly RN visit for client #1. Last visit noted was 9/19/14.

Compliance Manager

Primary Care Giver

Date

Date

4/20/15

4-20-15

To: Community Ties of America

From: Evelyne Aquino, CNA

Subject: Foster Family Home - Corrective Action Plan

Date: April 15, 2015

I am Evelyne Aquino, a Community Care Foster Family Home operator. On March 16, 2015, you inspected my facility. You've concluded the following:

BACKGROUND CHECK

- No fingerprints found for CG #2. State name check for 1/17/13 found for CG #2 in file.
- 7.1.a.1. No second fingerprints found for CG #4. CG #4 has 9/11/12 fingerprints on file.
- No 2013 and 2014 APS/CAN checks for CG #1, CG #2, and CG #4. No 2014 APS/CAN check for CG #3.
- APS/CAN check lapsed for CG #4. Done 1/25/14 and due 1/17/14. 2015 APS/CAN check found on file dated 2/17/15.

I acknowledge that these lapses were made. To avoid these in the future, I'll mark my mobile phone calendar to remind me of the due dates. The missing fingerprints for CG 2 and second fingerprint for CG 4 has been secured and filed to the binder. See the attached documents for proof.

INFORMATION CONFIDENTIALITY

- No Confidentiality/Privacy Rights Training for all caregivers.

The training was conducted on August 2014 but neglected to put on file. To avoid this in the future, as soon as the training is conducted PGG will immediately secure the documents on file.

PERSONAL STAFFING

- No 2014 TB tests for CG #1 and CG #2. CG #1 and CG #2 2015 TB found on file. No 2015 TB test found for CG #4.
- CPR/First Aid lapsed for CG #1. Done 3/1/15 and due 1/7/15.
- Bloodborne pathogen training lapsed for CG #2. Done 2/1/15 and due 1/14/15.
- 41.c. CG #1, CG #3, CG #4 needs RN signature for 2014 annual training. CG #3 needs 2 additional hours of annual training.

Acknowledge that the TB clearances were not on file during your visit but able to secure it and filed to the binder. I also acknowledge that the CPR and Bloodborne pathogen trainings were not secured untimely. To avoid this in the future, I'll mark my calendar to remind me for the next training.

PHYSICAL ENVIRONMENT

- No smoking policy found in file.

I acknowledge that there is no smoking policy on file but it has been secured, sign and filed in the binder.

QUALITY ASSURANCE

- No Emergency Preparedness plan found in home.

I know that there is no emergency preparedness plan in home but it has been added to the binder.



FISCAL REQUIREMNET

- No financial budget found in file.

I acknowledge that there was no financial budget found in file during your visit. Financial budgeting has been started. See attachment as proof.

CLIENTS RIGHTS

- No visiting Hours found on file.

I acknowledge that there is no visiting hour on file. This has been secured and added to the binder. To avoid this in the future, I'll double check for any missing documents and secure it as soon as possible.

RECORDS

- No CCFH home policies and procedures found in file.
- No resource list found in file.
- No current MD orders found in file for client #1.
- No current MAR found in file for client #1.
- No observation/personal care checklist performed for March 2015 for client #1.
- No current monthly RN visit for client #1. Last visit noted was 9/19/14.

I acknowledge that the documents above were missing in my binder. To avoid this in the future, I'll organize my papers and I'll ask my case management to double-check my books for missing documents.

Sincerely,



Evelyn Aquino, CNA
Community Care Foster Family Home operator
30 East Hawaii Street
Kahului, HI 96732

