

# Foster Family Home - Corrective Action Report

Provider ID: 1-100100

Home Name: Laarnie Ann Buccat, CNA

Review ID: 1-100100-3

94-424 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/29/2015

End Date: 12/01/15

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

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

Comment:

Recertification visit for 2 client home on 10/29/15. Corrective action plan issued during review, due on 11/29/15. See applicable sections 6.(d)(1)

## 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;

Comment:

7.1.(a)(1) Only one fingerprint on file for the year 2013 for CG1,2,3, and 4. Need 2 sets of fingerprints if after 2008.

7.1.(a)(1) CG#1 and CG#4 State name check due on or before 05/07/2015. Completed 5/13/15. CG#3 State name check due on or before 05/08/2015. Completed 5/13/15.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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)(5) CG#1 no automobile insurance from 06/10/14 to 11/06/15 in record during recertification. Current automobile insurance in record. CG#2,3,4,5 no alternate transportation plan or proof of automobile insurance from 06/10/14 to today. Alternate transportation plan approved for CG# 2,3,4, and 5 today during recertification visit.

41.(b)(8) CG#1 no proof of annual T.B test or screening for 2014 in record. Unable to determine in T.B screening for 2015 completed in time.

CG#1 BBP due on or before 5/25/15, completed 5/28/15. CG#2 BBP due on or before 5/20/15, completed 9/20/15. CG#3 BBP due on or before 5/25/15, completed 9/22/15. CG#4 BBP due on or before 5/15/15, completed 9/20/15. CG#5 BBP due on or before 10/30/14, completed 9/22/15.

41.(c) CG#5 only 2 hours of annual training in record for 2014.

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**Foster Family Home**      **Client Care and Services**      **[17-1454-43]**

43.(c)(3)      Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) No skills check list or RN delegation for CG#5 for client#1 and client#2

**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) CG#4 did not lead a fire drill in 2014

**Foster Family Home**      **Client Account**      **[17-1454-47]**

47.(a)      The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) Client#1 no account record on file.

**Foster Family Home**      **Physical Environment**      **[17-1454-48]**

48.(a)(6)      A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

48.(a)(6) exit from back of house from porch to backyard blocked by several large bags.

**Foster Family Home**      **Records**      **[17-1454-52]**

52.(c)(2)      Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

52.(c)(2) Client#1 no signatures on service plan

52.(c)(5) Client#2 MAR reads

Needs clarification.

Label on bottle read

take



Compliance Manager

*[Handwritten Signature]*  
Primary Care Giver

10/29/15  
Date

10-29-15  
Date

## Corrective Action Plan

### 7.1(a)(1)

#### Fixed Citation:

- o CG#1 did another set of fingerprinting with Hawaii Fieldprint on November 13, 2015
- o CG#2 did another set of fingerprinting with Hawaii Fieldprint on November 13, 2015
- o CG#3 did another set of fingerprinting with Hawaii Fieldprint on November 13, 2015
- o CG#4 did another set of fingerprinting with Hawaii Fieldprint on November 20, 2015
- o I have placed records in Foster Home Binder.

I will prevent this from happening again by keeping all my records in my Foster Home Binder.

### 7.1(a)(1)

Fixed Citation: I added reminders on my phone Calendar alerting before hand when an E-Crim is due for CG#1, CG#2, CG#3, CG#4, and CG#5.

I will prevent this from happening again by having my phone calendar alert me when a E-Crim is soon to be due, and obtaining the E-Crim within a few days of the alert.

### 41.(b)(5)

Fixed Citation: I have obtained copies of automobile insurance for CG#1, CG#2, CG#3, CG#4, and CG#5 from All State Insurance from 6/10/2014 to 11/06/2015 and have placed them in Foster Home Binder.

I will prevent this from happening again by always keeping copies of my automobile insurance for all caregivers in my Foster Home Binder.

### 41.(b)(8)

Fixed Citation: I obtained a copy of my TB Questionnaire from work, which was done on 12/24/14.

I will prevent this from happening again by always keeping copies of my TB Clearance or TB Questionnaire in my Foster Home Binder.

### 41.(b)(8)

Fixed Citation: I added reminders on my phone Calendar alerting before hand when BBP training is due for CG#1, CG#2, CG#3, CG#4, and CG#5.

I will prevent this from happening again by: having my phone calendar alert me when all caregivers BBP is soon to be due, and scheduling a BBP class within a few days of the alert.

### 41.(c)

Fixed Citation: I have obtained copies of CG#5 annual training in 2014 and placed them into Foster Home Binder.

I will prevent this from happening again by obtaining copies of annual training from caregivers within the week that training was done.

### 43.(c)(3)

Fixed Citation: A skills checklist and RN delegation was done for CG#5 by [redacted] for client#1 and Residential Choices for client#2.

I will prevent this from happening again by having all substitute caregivers get delegated as soon as possible when an approved caregiver is added or when a new client is admitted into the home.

45.(a)

Fixed Citation: I have assigned each caregiver a month(s) in the following year to do a fire drill.

I will prevent this from happening again by keeping an assignment sheet in foster home binder to remind me who will be doing the next fire drill, and also to be sure that each caregiver runs a fire drill at least once in the year.

47.(a)

Fixed Citation: Client#1's Case Management RN had showed me where to find the file accounting of the client's funds received in Client#1's binder. Written statement was found in Client#1 binder.

I will prevent this from happening again by obtaining a written statement of who will be taking care of the funds for each client and also to know where the written statement can be found in binder.

48.(a)(6)

Fixed Citation: We have removed large bags away from porch area and placed them where they would not block the back exit.

I will prevent this from happening again by removing any kind of obstruction out of the way of any exit area.

52.(c)(2)

Fixed Citation: I signed service plan for Client #1.

I will prevent this from happening again by signing the service plan once I receive it.

52.(c)(5)

Fixed Citation: I obtained a verbal telephone order stating to follow as directed on bottle.

I will prevent this from happening again by obtaining a doctor's order for an over-the-counter medication with directions specifying the dosage from prescribing doctor, then keep the doctor's orders in patient's records.

*Ann Buccat*  
Lorraine Ann Buccat