

Foster Family Home - Corrective Action Report

Provider ID: 1-090029

Home Name: Liberty Evangelista, CNA

Review ID: 1-090029-2

662 Kaniahe Street

Reviewer:

Wahiawa HI 96786

Begin Date: 4/6/2015

End Date:

6/5/15

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

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

Comment:

6.d.1 see applicable sections of this survey

Home visit made on 4/6/15 for a 2 bed recertification survey. Corrective action report issued during home visit with all items due to CTA by 5/6/15.

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 CAN checks lapsed. CG#1, CG#3, CG#4, CG#5 were due on/before 3/6/14 and were done 4/29/14.

Foster Family Home 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) 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.4 CG#2 and CG#5 disclosure forms were signed by CG#1 instead of CG#2 and #5 themselves.

41.b.5 No alternate transportation plan present that includes all non driver caregivers.

41.b.8 CPR lapsed: CG#1 and CG#3 were due on/before 3/14/14 and were done 4/22/14

First aid lapsed: CG#1 and CG#3 were due on/before 3/29/14 and were done 4/22/14; CG#5 was due on/before 3/4/14 and was done 4/22/14

Bloodborne Pathogen lapsed: CG#1, #3, #4 and #5 were due on/before 3/13/14 and were done 4/22/14

41.c No 2013 in-service training hours present for CG#5

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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 RN delegation or training present for any caregiver for Client #1 and Client #2 for aspiration precautions as listed on service plan page 9. No RN delegation present for Client #1 for suctioning. Client #1's suctioning is ordered and not listed on service plan on page 10.

No RN delegation for CG#5 for either client for medication administration.

Foster Family Home

Grievance

[17-1454-44.1]

44.1.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

44.1.3 No signed acknowledgment present in Client #1's record.

Foster Family Home

Fire Safety

[17-1454-45]

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

Comment:

45.b.2 Fire drills are to be conducted at least once per year by each caregiver. No fire drill present conducted by CG#5. No fire drill conducted by any substitute caregiver for 2013.

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.

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.b Client #1 has [REDACTED] with parameters of holding medication if [REDACTED]. Vital signs are recorded after 9am or in the afternoon on most entries which is past the 730am medication administration timeframe.

46.e No training or information present in Client #1's record for mechanical soft diet with nectar thick liquids or in Client #2's record for Mechanical soft diet. Both are ordered and listed on service plans. Client #2 has [REDACTED] diet with encouragement of [REDACTED] diet ordered. This is not reflected on Client #2's service plan.

Foster Family Home

Physical Environment

[17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 The light by the shower in the bathroom is not working and there is only one working light bulb in the 3 lightbulb fixture over the sink.

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Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.a.1 No liability insurance present for the period from 4/30/13 to 11/30/14.

Foster Family Home

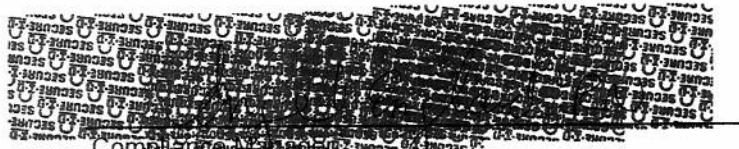
Client Rights

[17-1454-50]

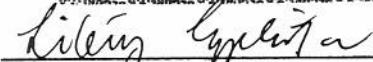
50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.a No written acknowledgement present to show that client #1's POA received a copy of client rights.



Compliance Officer


Primary Care Giver

4/6/15
Date

4/6/15
Date

WRITTEN PLAN OF CORRECTION
May 3, 2015

7.1.a.2 Home will ensure to check all caregivers records on a monthly basis to keep track when personnel requirements are due to prevent from expiring in the future.

41.b.4 CG#2 and CG#5 filled out and signed a new disclosure form dated 5/1/15. Attached are the disclosure forms for CG#2 and CG#5. Home will make sure all new caregivers to fill out and sign disclosure form and put it on file. Also to update disclosure forms for any changes.

41.b.5 A new alternate transportation plan that includes all non driver caregivers is attached and signed and approved by CTA on 4/6/15. Home will make sure to list all non driver caregivers on the alternate transportation plan form and have CTA approve it.

41.b.8 Home will ensure to check all caregivers records on a monthly basis to keep track when personnel requirements are due to prevent from expiring in the future.

41.c Home is not aware that CG#5 also needs in-service training for 2013. CG#5 started in-service training in 2014. Home will make sure all caregivers will complete 8-12 hours of continuing education every year. Home will check caregivers records on a monthly basis to keep track requirements that needs to be completed.

43.c.3 CMA came to the home on 5/1/15 and delegated all caregivers except CG#5 for Clients' #1 and #2 [REDACTED] precautions. RN delegation for Client#1 for [REDACTED] is on file dated 7/10/13. CMA updated Client's #1 [REDACTED] ordered on service plan on page 10 on 5/1/15. RN is not comfortable delegating CG#5 for medication administration. CMA came to the home on 6/5/15 and delegated CG#5 for Clients' #1 and #2 [REDACTED] precautions. Home will make sure to work with CMA to complete all delegations needed for all changes in clients service plan of care.

44.1.3 A signed acknowledgement that the grievance policies and procedures were reviewed by Client's #1 representative and on client's file dated 7/11/13. The home will ensure that all clients admitted in the future, receive this during admission.

45.b.2 Home is not aware that CG#5 also needs to conduct a fire drill like the other substitute caregivers. Home will make sure every caregivers will conduct fire drill every year. Home will check caregivers records on a monthly basis to keep track requirements that needs to be completed.

46.b Primary caregiver takes Client#1 [REDACTED] before giving [REDACTED] but not documenting it. Vital signs that were seen by CTA is where primary caregiver do weekly vital signs. Primary caregiver document client's vitals below the initials on the medication log sheet. Home will ensure to document Client's #1 vitals before giving or holding [REDACTED] and follow all instructions.

46.e CMA came to the home on 5/1/15 and delegated all caregivers except CG#5 for Client#1 mechanical soft diet and nectar thick liquids as well as for Client#2 [REDACTED] diet. Client#2 [REDACTED] diet with encouragement of [REDACTED] diet is already reflected on client's service plan. Updated by CMA on 5/1/15. CMA came to the home on 6/5/15 and delegated CG#5 for Client#1 [REDACTED] diet and nectar thick liquids and also for Client#2 mechanical soft diet. Home will make sure to work with CMA to complete all delegations needed for all changes in clients service plan of care.

48.c.3 The light bulb by the shower in the BR has been replaced and additional light bulb added in the 3 light bulb fixture over the sink on 4/7/15. Home will ensure to immediately replace bulbs that are out.

49.a.1 Home could not locate copies of liability insurance for the period 4/30/13-11/30/14. The home will ensure to keep all copies of insurance showing continued coverage during the current certificate period.

50.a A signed acknowledgement of Client's#1 POA received a copy of client rights is on client's file dated 7/11/13. Home will ensure that all clients admitted or client's representative will get this during admission.

Signed:
Liberty Evangelista
662 Kaniahe St.
Wahiawa, HI 96786

5/3/15