

Foster Family Home - Corrective Action Report

Provider ID: 5-573718

Home Name: Lucena Andres, LPN

Review ID: 5-573718-2

5101 Kaunaloa Street

Reviewer:

Hanapepe HI 96716

Begin Date: 5/28/2015

End Date:

6/25/15

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

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

Comment:

6.d.2 Home visit made for 3 bed recertification on 5/28/15. Corrective Action Report issued during home visit with a written plan of correction 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)(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 were first due in 2013 with a second one due within 365 days of the first check. CG#1 was due on/before 3/8/14; CG#2 was due on/before 3/20/15; CG#3 was due on/before 3/19/15. All were done on 7/23/14.

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.b.5 No confidentiality/privacy training present for any substitute caregiver.

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.

Comment:

41.b.7 No 2012 TB clearance present for CG#1, CTA unable to determine if TB clearance done on 6/25/13 was done within required timeframe. No 2013 or 2014 TB clearance present for CG#3

41.b.8 CPR/1st lapsed for CG#2, was due on/before 10/31/14 and was done 2/16/15; 1st Aid lapsed for CG#1, was due on/before 10/31/14 and was done 2/16/15. There is no first aid present for CG#3. Bloodborne pathogen for CG#3 lapsed - Was due on/before 6/26/14 and was done 9/22/14.

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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 There are no job experience forms present for CG#2 and CG#3 to show the one year of required experience.

41.3P.a.5 CG#3 in-service record has no hours for each course and is not signed by an instructor or an employer to verify that CG#3 completed those trainings.

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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 Client #1 has no RN delegation present for routine [REDACTED] medication, [REDACTED] medication or [REDACTED] testing.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.3P.b.6 No fire drill performed by CG#3 present for 2013, 2014 or 2015.

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

46.(d)(2) Reflected in the client's service plan; and

Comment:

46.d.1-2. Client #1 and #3 have a safety belt listed on the service plan, there is no MD order present.

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Records

[17-1454-52]

- 52.(a)(3) A list of applicable community resources.
- 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.a.3 The list of resources is from 2010 and is not up to date to indicate current available services.

52.c.2 Client #1 has regular, no added salt and [REDACTED] diet ordered, service plan indicates only a regular diet. CPR status in not checked on service plan.
Client #3 has a [REDACTED] diet ordered. This is not indicated on the service plan.

52.c.5 Client #1 has [REDACTED] ordered and listed on the MAR, the bottle says [REDACTED]. There are [REDACTED] parameters for administering [REDACTED] these parameters are not indicated on the MAR for when to hold the medication.

[REDACTED]

Compliance Manager

Jacinn Abres

Primary Care Giver

5/28/15

Date

5/28/15

Date

Community Homes of America
45-955 Kamehameha Hwy. Suite 300
Kaneohe, HI 96744

June 23, 2015

On May 28th, 2015 you have visited and reviewed my Foster Family Home of a three-bed recertification and discovered some deficiencies. I have a plan of action of correcting my deficiencies and implementing a system to comply with licensure and certification.

17-1454-7.1(a)(2). APS/CAN checks for CG# 1, 2, and 3 had no system of tracking the dates of when it was due. PCG now implemented a planner tool of organizing important reminders of due dates and times in a calendar to prevent any delays in the future.

17-1454-13.1(b)(5). The Foster Family home substitutes and adult household members had no confidentiality and privacy training due to no knowledge of being aware of this in-service training. PCG has obtained a copy from the CTA website and now has it filed in her binder, along with all substitutes signatures.

17-1454-41(b)(7). CG#1 did not have a TB clearance documented for 2012 because it had been misplaced from her binder. A copy was obtained from her employer and is now on file.

CG#3 TB clearance for 2013 and 2014 was misplaced by her employer and could not be found on file. PCG now implemented a system to monitor when a TB clearance certification is expiring and when it should be recertified within a required time frame.

17-1454-41(b)(8). CPR and First Aid for CG#2 has lapsed due to no system of monitoring. First Aid for CG#1 has also lapsed due to no system of monitoring. PCG now implemented a planner tool reminding recertification prior to expiration dates. By using a monitoring tool such as a calendar, it will avoid future expiration delays.

First Aid certification for CG#3 has been filed in her own binder. According to her First Aid instructor, her First Aid training and CPR training were together. During the review on May 28, 2015, it was found that it did not account for the right certification card for First Aid. To comply with the right certification, CG#3 got the recertification for First Aid. A copy of the First Aid certification is on file in her binder. A monitoring tool is also implemented to assure what specific classes and certifications received.

Blood borne Pathogen for CG#3 has lapsed due to no system of monitoring. A monitoring tool is implemented to remind expected expiration dates and renewals.

17-1454-41(3P)(a)(4). CG#2 Job experiences: CG#2 have worked as a CNA at from February 15, 1999 to December 21, 1999. Then was rehired from August 21, 2000 as an on call status, working at least two times a week until January 23, 2006. CG#2 has been a sub caregiver working for a two-bed client in 2006, which is now a 3-bed client present today at J&L Foster Family Home. An attached copy of his job verification and experience forms from _____ and _____ present working at _____.

CG#3 job experiences: CG#3 has been an employeegat _____ as a full time CNA since 1977 till present. An attached copy of her job verification and work experience _____.

17-1454-4(3P)(a)(5). CG#3 In-service record has no hours for each course and no signed signature by an instructor or employer to verify if it was completed or not. CG#3 in-service's was done through watching videos on their own working or free time period. To comply with the rules and regulations, it will be made sure that each course should be signed and verified by employer or an instructor performing the in-services.

17-1454-43(c)(3). Client #1 RN delegation for routine oral medication, topical medication, and glucose finger stick testing was not on file in client #1's binder during the review because this was filed in _____ old binder. Client #1 was a transfer on February 1, 2015 from a previous caregiver. These delegations are now on file in client #1 binder.

17-1454-45(3P)(b)(6). CG#3 has no fire drill performed for 2013, 2014, and 2015. To follow the rules and regulation that all caregivers performed a fire drill there will be a set plan that all caregivers have their assigned month to perform a practice fire drill.

17-1454-46(d)(1-2). Client #1 and #3 has no safety belt indicated in the Service Plan. Per updated Service Plan and has no MD ordered.

17-1454-52(a)(3). PCG Resource Directory has not been updated to the current available services due to my own handbook being outdated to the year 2010. I have contacted the Office of the Elderly Affairs on Kauai if they had a new edition, although, according to the person I spoken with at the office has said that the handbook of 2010 is the only edition available. They have planned to not make a new edition anytime soon due to no budget costs for that. In order to have an available and updated current services, I have obtained a Kauai Resource Card (January 2014 version), "Elder Resource" magazine, and "Kauai Family" pamphlet, which is useful in finding phone numbers for care services.

17-1454-52(c)(2). Client #1 ordered a diet plan signed by MD dated on February 10, 2015 that consists of a regular diet, NAS, NCS, and thin liquids. The Service Plan is now updated and diet plan is indicated.

Client #1 Code Status is currently indicated for no CPR per updated Service Plan.

Client #3 ordered diet is regular soft diet. The diet plan is now updated in the Service Plan.

17-1454-52(c)(5). Client #1 [REDACTED]. During the review, it was inspected that Client #1 was only given [REDACTED]. Plan of action of giving medication is to make sure it is the right given dosage. Always to remember the five R's: right patient, right drug, right dose, right time, and right route.

Client #1 [REDACTED] medication. Last MD ordered dated on February 10, 2015, there was no order to hold the medications therefore, it is not indicated in the MAR. Current MD dated on May 27, 2015, has ordered to take [REDACTED] medication only once a week but no order to hold the medications.

I have corrected all my deficiencies and will from now on implement my plan of actions to follow. As a PCG.I will abide by staying on task with all due dates of important reminders to delay any future discrepancies.

Thank you.



Lucena Andres
Primary Caregiver