

# Foster Family Home - Corrective Action Report

Provider ID: 1-510174

Home Name: Pat Tangonan, CNA

Review ID: 1-510174-3

94-571-A Anaaina Place

Reviewer:

Waipahu HI 96797

Begin Date: 11/20/2015

End Date:

12/31/2015

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

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

Comment:

Home survey conducted for recertification of three client home 11/20/15. Corrective Action Report issued with Corrective Action Plan due to CTA by 12/20/15.

## 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)

CG [REDACTED] No fingerprinting results in file. No Ecrim in file since 2011.

7.1.(a)(2)

CG [REDACTED] APS/CAN on file is [REDACTED] A one year gap.

CG [REDACTED] APS/CAN was done [REDACTED] A one year gap.

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

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.(e)

Four caregivers were removed October 2015 but CTA was not notified.

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

Comment:

46.(b)

RE: Client 2: Two RNs from CMA 1 signed Nursing Delegations on 11/19/15 for four caregivers that were removed October 2015.

46.(d)(1)

Client 1: Service Plan states \_\_\_\_\_ on client at all times when in \_\_\_\_\_ . No physician order was found in file.

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)

Upon CTA arrival, 5 bulbs were burned out in client dining/living room and only a night light was being used for lighting. Client \_\_\_\_\_ service plan specifies "adequate lighting". review date of 5/9/2015. An appx 12 foot long hallway is filled with cartons blocking a door that leads to the apartment next door. The neighbors were not at home and CTA was unable to determine if this doorway is adequately sealed to meet requirements.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

12/17/15  
Date

12-19-15  
Date

11/20/2015 20:54 PM

12/20/2015

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

17-1454-6.(d)(1)- Required certificates such as Background Checks were not current. Certificates updated as of 12/18/2015.

I made a list of all required certificates with expiration dates (see attached) and placed it in front of each PCG, SCG and Household Members tabs (placed in binder) to keep track when certificates/requirements are due. I will review it every month to prevent deficiencies in the future.

17-1454-7.1.(a)(1)- Criminal history record checks for CG [REDACTED] missing [REDACTED]. Found CG [REDACTED] Criminal History result, sent and faxed to CTA 12/20/2015

I will keep certificates and valuable records organize and easily accessible in the future.

17-1454-7.1.(a)(2)-CG [REDACTED] APS/CAN unfiled in [REDACTED]. Second APS/CAN was due on [REDACTED] but was not done until [REDACTED] a 1 year gap. CG [REDACTED] APS/CAN was done July 2013. A second one was due [REDACTED] but was not done until [REDACTED] a 1 year gap. In accordance with CCFFH Newsletter #38 and #43 APS/CAN will be obtained in the first two years of operation and the process be repeated every other year.

APS/CAN for CG [REDACTED] and CG [REDACTED] has a one year gap. In the Corrective Action Report states last filing was on [REDACTED] results was not done. In CTA Newsletter #43 (see attached copy), states APS/CAN check schedule as followed: "2 years in a row; skip the 3<sup>rd</sup> year; and 4<sup>th</sup> year on, every other year." During recertification review on [REDACTED] the home was not able to locate APS/CAN 2012 results for CG [REDACTED] and CG [REDACTED]. Please see attached copies of CG [REDACTED] APS/CAN results for [REDACTED]

I will keep certificates and valuable records organize and easily accessible in the future.

17-1454-41.(e)-For Personnel and Staffing, four caregivers were removed on October 2015 but CTA was not notified in writing.

On 11/20/2015, CG [REDACTED] notified CTA verbally and faxed over the Substitute Caregiver Change Notification form, signed and dated [REDACTED]. In the future, changes will be made promptly to comply with all State rules and regulations.

17-1454-46.(b)- Two RNs from CMA 1 signed Delegations on 11/19/2015 for four caregivers that were removed on October 2015.

I will notify CTA immediately when upon removal of any of my SCG in the near future.

17-1454-46.(d)(1)- Have notified and discussed with CMA RN about service plan of client [REDACTED] at all times and when in [REDACTED]. Need to obtain doctors orders for the present or future clients. Need to clarify service plan with the doctor's order to be on file. *CTA received MD order.*

17-1454-48.(c)(3)- CTA noting the 5 bulbs burned out was not actually burned out due to the 5 bulb (were unscrewed slightly due to client 1 requested not to have bright light because it is glaring to client) CTA had talked verified with the client [REDACTED]. Hallway had been permanently sealed since 2007 CCFH certification of foster home, evidence with pictures (see attached) and a letter (see attached) sent dated February 2007 to CTA. Hallway is away from clients' room/area.

*Pat Tangonan*  
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Waipahu, HI 96797