

Foster Family Home - Corrective Action Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

Review ID: 1-560682-5

94-238 Pupukui Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/18/2015

End Date: 3/8/16

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 CCFFH on 11/18/2015. Corrective Action Report issued with all deficiencies to be corrected by 12/18/15.

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;

Comment:

7.1.(a)(1) No fingerprinting results in file for CG [redacted] and CG [redacted]. Note: CG [redacted] fingerprint found during review.

Only one fingerprint results in file for HHM [redacted] dated 2013.

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 training in file for any 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.(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.(b)(7) CG [redacted] Xray in 2010 in file. Only one TB screening in file dated 11/2/2015. NO proof of yearly TB screenings since 2010.

CG [redacted] The only TB screening in file is dated 6/2014. No other TB proof of positive or any yearly screenings being done.

HHM [redacted] Only TB test in file is dated 2013.

41.(e)

One caregiver is no longer being used and must be removed through CTA.

Foster Family Home - Corrective Action Report

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.
- 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)(a)(4)

CG [REDACTED] and CG [REDACTED] NO work experience form in file.

41.(3P)(b)(2)

No sign out sheet being used correctly. Procedure and use of signing out was explained to CG [REDACTED]

41.(3P)(a)(5)

CG [REDACTED] and CG [REDACTED] each have only 9 hours of annual training in file.

Foster Family Home

Grievance

[17-1454-44.1]

- 44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

Comment:

44.1.(2)

Client [REDACTED] CMA [REDACTED]

Signed client acknowledgement of receipt of client rights and grievance policies states they are to be posted in client's room but this is not done for client [REDACTED]

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)

Client [REDACTED] No Medication Teaching Record present, no list of side effects or what medication is used for. CG [REDACTED] states [REDACTED] discards narcotic medication in toilet.

CG [REDACTED] could not state the correct use of a PRN medication, Allegra.

There is a Glucose Testing Section in the client's file with many unused forms, but client does not receive glucose testing.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

Comment:

52.(a)(3)

No list of community resources .

Compliance Manager

Primary Care Giver

11/18/2015
Date

11/18/2015
Date

December 10,2015

To: Community Ties of America
45-955 Kam Hwy. #300
Kaneohe HI. 96744

From: Enrica Asio
94-238 Pupukui Street
Waipahu, HI 96797
Tel.
email add:

Re: Corrective Action Plan

To Whom It May Concern:

The entrance to the other room was totally and permanently blocked.

7.1.(a)(1)---..... Finger print was done
.....I have not mistaken again

13.1(b)(5).....training to all employees on confidentiality was signed.
.....I have not mistaken again

41.(b)(7).....TB clearance, screening and result was done,
.....I have not mistaken again

41.(3P)(a)(4)...CG's work experienced was done.
...I have not mistaken again

41.(3P)(b)(2)...CG's signing sheet was able to sign.
...I have not mistaken again

41.(3P)(a)(5)...each CG's completed their CEU more than 12 hours
....I have not mistaken again

44.1.(2).....receipt of 3 clients grievance policies was signed by the representative
with their contact numbers
.....I have not mistaken again

If you have more questions please let me know.



Enrica Asio
PCG

Enrica Asio CCFFH
94-238 Pupukui Street
Waipahu, HI 96797
(808) 671-6065

January 18, 2016

Compliance Manager
45-955 Kamehameha Hway Suite 300
Kaneohe, HI 96744

Dear

Please accept this letter as my response to the Corrective Action Report (CAP) dated November 18, 2015. All supporting documents were faxed to the Community Ties of America office on December 10, 2015. To date, the only document missing is this written plan of correction.

[REDACTED]
[REDACTED] To keep track of background checks, I will be utilizing a checklist moving forward.

[REDACTED]
[REDACTED] To keep track of information confidentiality training records, I will be utilizing a checklist moving forward.

[REDACTED]
[REDACTED] To keep track of personnel records, I will be utilizing a checklist moving forward.

[REDACTED]
[REDACTED] To keep track of personnel records, I will be utilizing a checklist moving forward.

Pertaining to 17-1454-44.1. (2) and Grievance, the client rights and grievance policies are currently posted in the client's room. A copy of this is also in all the client's charts. Moving forward, I will make sure that a copy of this is placed in the client's room at all times.

Pertaining to 17-1454-46. (b) and Medication and Nutrition, the Service Plan contains a list of medications along with side effects. I should and will continue to use this as a reference moving forward. I will also contact the Case Manager if I have questions.

Pertaining to 17-1454-52(a) (3), and the Lack of a Community Resource book, I have obtained a community resource book from American Savings Bank. A copy is on file at the home. Moving forward, I will ensure that my home has a community resource book on file at all times.

If you have any questions pertaining to this letter, please contact me at

Sincerely,


Enrica Asio, CNA

1/18/2016

Enrica Asio CCFH
94-238 Pupukui Street
Waipahu, HI 96797
(808) 671-6065

February 22, 2016

45-955 Kamehameha Hwy Suite 300
Kaneohe, HI 96744

Dear

This is a follow-up letter to your conversation with _____ from _____ today pertaining to pending items to address the Corrective Action Report (CAP) issued on November 18, 2015 to my CCFH.

Pertaining to 17-1454-7.1(a) (1) and Background Checks, attached is the fingerprint result for House Hold Member 1, _____ The RN Compliance manager, _____, found only one fingerprint result on file dated 2013. However, the results were on file during the day of the review. Attached are copies of the background checks. As stated previously, I will continue to utilize a checklist for all HR personnel moving forward.

Pertaining to 17-1454-41(3P) (a) (4), (b) (2), (a) (5) and 3 Person-Staffing Requirements, I was instructed by the RN Compliance Manager, _____, as to how to use the 3 Bed Certified CCFH Sign In Sheet the day of the review. Today, _____, from _____ reviewed the 3 Bed Certified CCFH Sign In Sheet with me again. I understand that I must fill out all the boxes as stated in the form (date, full name, signature, designation (NA, CNA, LPN/RN, PCG, SCG) time in, time out. I also understand that I must fill out the daily number of hours that I am away from the CCFH as a PCG and must total the number of hours per week that I am out of the CCFH.

Pertaining to 17-1454-46 (b) and Medication and Nutrition, I will not discard narcotic medications in the toilet. Effective November 18, 2015, all narcotic medications have been, and continue to be, discarded in the biohazard container. All unused forms pertaining to _____ was removed and discarded from my client's chart. Moving forward, I will continue to discard all narcotic medications in the biohazard container. I will remove forms that are not pertinent to my client's care from the client's charts.

If you have any questions pertaining to this letter, please contact me at _____.

Sincerely,

[Redacted Signature]

Enrica Asio, CNA

2/22/2016