

Foster Family Home - Corrective Action Report

Provider ID: 1-515281

Home Name: Henry Caddali, CNA

Review ID: 1-515281-3

2332 Pio Place

Reviewer:

Honolulu HI 96819

Begin Date: 1/19/2016

End Date: 1/19/16

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

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

Comment:

Home survey for recertification of three client CCFFH [REDACTED] Corrective Action Report issued with all deficiencies to be corrected [REDACTED]

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)

Two caregivers removed [REDACTED] but was not reported to CTA. Only two caregivers in this three client home, each works part time.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

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)(b)(2)

No sign out sheet being kept in this three client CCFFH.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.(a)

CG [REDACTED] is an RN however medication reconciliation and updated physician orders are necessary. Client 1: No orders present in the file for numerous medications. Many medications are written in to med list but never signed by physician.

[REDACTED] Medication bottle and what is being given are correct. CG [REDACTED] aware that the MAR differs from what is being given.

RECEIVED
mail
FEB 09 2016

BY: [REDACTED]

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Foster Family Home

Physical Environment

[17-1454-48]

48.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

48.(d)(1)

The living room "closet area" opens on to another dwelling.
One client's room has no closet. There is a rack at the foot of the bed with hanging clothes.

Foster Family Home

Records

[17-1454-52]

52.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

52.(b)(1)

Client 1 : No case management visit notes present [REDACTED] Caregivers state that there were many changes of staff from CMA [REDACTED] at that time.

TO:

Compliance officer
Community Ties of America

Name: Henry Caddali

Address: 2832 Pio Place
Honolulu, Hawaii 96819

Re: CCHF Corrective Action Report

41 (e) Personnel and Staffing

Prevention: whenever i add or take away a substitute caregiver i will notify the CTA by filling out the form and send it to CTA office.

41 (g)

3 person Staffing Requirements

It is my responsibility as a PCG to make sure that enough staff will take care of my clients. Will employ one more CTA, and will notify CTA for such action.

41 (3P) (b)(2) Do sign out sheet being kept in CCHF
Unable to show to the compliance officer the time out sheet but have a separate binder for PCG & SCG to sign whenever PCG is out of the Foster home (3 bed certificate CCHF + sign out sheet

46 (a) Medication and Nutrition

PCG notified CMA (Case Manager) that medication that are currently taken by the resident will be sign by the physician and correct dose should be printed on the medication administration record.

CMA and made change in the MAR. Notified

cont. in page 1

48 (D)(1) ~~the~~ living room closet opens to further dwelling
corrective measure; although permanently lock
and use as a closet key SCB. PCB cover
permanently with wood.

Room 1 - No closet in the room

Hanging rack for clothes removed
and locker provided

52 (B)(1) CHA noted [redacted] not available

CHA notified and made corrections;

CHA provided PCB a copy of first month
[redacted] which was filed in their

office

~~Address~~

Added Corrections:

Address sign board not visible

PCB removed the plot that causes
the number and painted it with
bright colors so that it can be
easily seen.

Parking Space:

making sure that enough
space be provided & maintained
at all time on spit lane in
order for caregivers to have
easier access in case of emergency
or visits for residents.