

### Foster Family Home - Corrective Action Report

Provider ID: 1-623498

Home Name: Maria Jenks, CNA      Review ID: 1-623498-3

1655 Owawa Street

Reviewer:

Honolulu      HI      96819

Begin Date: 3/23/2015

End Date: 6/16/15

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

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

Comment:

6.(d)(1)  
Review for recertification. Deficiencies listed in separate sections. CAP written with all items due 4/23/15.

Foster Family Home      Personnel and Staffing      [17-1454-4]

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)(8)      Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)  
SCG 5: No CPR  
41.(b)(4)  
SCG5 Needs new disclosure

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

- 41.(3P)(a)(2) A current Registered Nurses license and if expiring within the next 30 days, evidence of a new license and one year of experience in a home setting, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, or;
- 41.(3P)(a)(3) A current Licensed Practical Nurse license plus one year of experience in a home setting. If the license is expiring within the next 30 days, evidence of a new license 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, or;
- 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.
- 41.(3P)(b)(4) To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

**Comment:**

41.(3P)(a)(2) p3, p4:  
 CG 2, 3, 4, 5: Job experience forms not found in file.  
 41.(3P)(a)(5)  
 CG 5: No evidence of 12 hours CEUs.  
 41.(3P)(b)(2)  
 No sign put sheets present.  
 41.(3P)(b)(4)  
 CG 5 : Does not meet the requirements for SCG in a three client home. [redacted] work experience as told by the PCG, is at a community center and [redacted] has not done any client care.

**Foster Family Home**      **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;
- 43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

**Comment:**

43.(c)(3)  
 Client 1: Delegations 2/19/15 for SCG that is not qualified as an SCG in a three client home.  
 43.(c)(5)(A)  
 All the clients' medications are kept in ziplock bags in one [redacted] room, out in view.

**3 Person Fire Safety**      **3 Person Fire Safety**      **[17-1454-45] (3P)**

**Natural Disaster**

- 45.(3P)(b)(1) shall be conducted monthly

**Comment:**

5.(3P)(b)(1)  
 Fire drills conducted only in 1, 2, 3, 4, 6, 7, and 8 ?2014. No other fire drills present. PCG states \* must have shredded them\*.

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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) Client 1: Medication: [redacted] expired [redacted]  
46.(d)(1) Client 1: Has one [redacted] e ordered. PCG states [redacted] somotimos gives more than one [redacted] at [redacted] own discretion [redacted]

**Foster Family Home Physical Environment [17-1454-48]**

48.(e) The home shall have policies regarding smoking on the property that:

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e) No smoking policy.

**Foster Family Home Quality Assurance [17-1454-48]**

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) Emergency Plan is not signed by caregivers or HHM.

**Foster Family Home Client Rights [17-1454-50]**

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.(b)(15) No visiting hour policy.

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Foster Family Home Records [17-1454-52]...

- 52.(a) Each home shall maintain an administrative notebook including but not limited to
- 52.(a)(1) Emergency procedures and an evacuation map;
- 52.(a)(2) Appropriate program policies and procedures; and
- 52.(a)(3) A list of applicable community resources.
- 52.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

52 a- a3: 52.(b)(1)  
Home policies are scattered throughout the home.  
No resource list.

\_\_\_\_\_  
Compliance Manager  
*Maria Zella A. Jenks*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date  
*4/18/2015*  
\_\_\_\_\_  
Date

PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER )

PCG NAME: MARIA ZELLA A. JENKS

DATE: 4/18/2015

DEFICIENCY: 41.(b)(8)  
SC65: NO CPR

How did you correct this deficiency?

SC65 obtained a new CPR

How will you avoid committing this deficiency in the future?

I will make a list of all the expiration dates of the required training like CPR so I can alert myself.

DEFICIENCY: 41.(b)(4)  
SC65 Needs new disclosure

How did you correct this deficiency?

SC65 signed a new disclosure

How will you avoid committing this deficiency in the future?

I will make sure all my SCG's signed disclosures annually.

DEFICIENCY: 41 (3P) (a) (2) p3, p4  
CG 2,3,4,5: Job experience forms not found in file

How did you correct this deficiency?

CG 2,3,4,5 signed the proper job experience forms and put in file.

How will you avoid committing this deficiency in the future?

- Make sure proper forms are filled out to verify job experience for SCG's

PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER)

PCG NAME: MARIA ZELLA A. JENKS

DATE: 4/18/2015

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

CGS : No evidence of 12 hours CEUs

How did you correct this deficiency?

CGS obtained more CEUs to make up the 12 hours required from the last survey in 2014.

How will you avoid committing this deficiency in the future?

I will make sure me and all my SCG's obtained 12 hours of CEU's from the last survey (3/23/2015).

DEFICIENCY:

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

No sign put sheets present.

How did you correct this deficiency?

Sign put sheets were misplaced but found later. It is now on file.

How will you avoid committing this deficiency in the future?

Make sure sign put sheets are placed in a proper place, easy to find.

DEFICIENCY:

41.(3P)(b)(4)

How did you correct this deficiency?

SCG 5 worked in a private home as a caregiver for the clients under the DD Program, not in a community center.

How will you avoid committing this deficiency in the future?

There was a misunderstanding between me and the compliance manager as to where SCG 5 works. SCG 5 does client care and [redacted] is not a client at the community center. [redacted] is a caregiver at a private home.

PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

(INCLUDE DEFICIENCY NUMBER)

PCG NAME: MARIA ZOLA A. JENKS

DATE: 4/18/2015

DEFICIENCY: 4B. (C)(3)

How did you correct this deficiency?

SGGS is a qualified care giver and is required to have an RN delegation for client 1

How will you avoid committing this deficiency in the future?

There was a misunderstanding between me and the compliance manager about SGGS.

DEFICIENCY: 4B. (C)(5)(A)

How did you correct this deficiency?

I now put all clients' medication in a medicine cabinet.

How will you avoid committing this deficiency in the future?

I will make sure I will put back all clients' medication back to the medicine cabinet after I give the medication to the clients.

DEFICIENCY: 5. (9P)(b)(1)

How did you correct this deficiency?

I found all the missing fire drills and put them in the fire drill file.

How will you avoid committing this deficiency in the future?

I will have one binder put for fire drills and put them in a proper place where it is easy to find it.

(3)

PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER )

PCG NAME: MARIA ZELLA A. JENKS

DATE: 4/18/2015

DEFICIENCY: 46.(b)

How did you correct this deficiency?

I obtained a new order from the client doctor and picked up the medication from the pharmacy.

How will you avoid committing this deficiency in the future?

I will monitor and check the clients medications to make sure they are not expired.

DEFICIENCY: 46.(d)(1)

How did you correct this deficiency?

I don't give an extra [redacted] to client anymore.

How will you avoid committing this deficiency in the future?

I will always follow doctor's order to give client 1 [redacted].

DEFICIENCY: [redacted]  
48.(e)

How did you correct this deficiency?

I implemented a smoking policy and assigned designated area for smoking.

How will you avoid committing this deficiency in the future?

I will make sure smoking policy is posted on the property and assigned/designate an area for smoking.

PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER )

PCG NAME: MARIA ZELIA A. JENKS

DATE: 4/18/2015

DEFICIENCY: 48.1. (a)

How did you correct this deficiency?

all caregivers signed the Emergency Plan already.

How will you avoid committing this deficiency in the future?

I will make sure all the caregivers will sign the Emergency Plan every year.

DEFICIENCY: 50(b)(15)

How did you correct this deficiency?

I posted a visiting hour policy.

How will you avoid committing this deficiency in the future?

I will make sure a visiting hour policy is posted to be known by the clients and families.

DEFICIENCY: 52.a-a3 : 52(b)(1)

How did you correct this deficiency?

Home policies are put in one place and I obtained a resource list.

How will you avoid committing this deficiency in the future?

I will make sure all the home policies are put together, filed in one binder and also put the resource list on this file.