Foster Family Home - Corrective Action Report

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

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

Comment:

i.(d)(1)
Review for recertification. Deficiencies listed under each section. CAP issued with closing date of 2/9/15.
This home has no reliable fax and no computer.

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), (2) :
No fingerprinting or APS/CAN for

No second fingerprinting and APS/CAN for

Foster Family Home — Reporting Changes   [17-1454-10]

10.(4)   In the household composition or structure of the home; and

Comment:

10.(4)
Numerous persons have moved in to home since last review but none were reported to CTA.

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 for HHM and SCG.

Foster Family Home	Personnel and Staffing	[17-1454-41]
1.(b)(3)	Be able to communicate, read, and write in the English language;	
1.(b)(5)(C)(i)	Have a valid driver's license;	
1.(b)(5)(C)(ii)	Have a current tuberculosis clearance;	
1.(b)(5)(C)(iii)	Provide a signed statement indicating no conviction record that may place the client at risk of harm; and	
1.(b)(5)(C)(iv)	Use of an insured vehicle;	
1.(b)(7)	Have a current tuberculosis clearance that meets department of health guidelines; and	
1.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
1.(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.	
1.(f)	The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:	
1.(i)	The primary caregiver shall notify the department of any dependent household members or changes in household composition.	

Comment:

1.(b)(3)
PCG is able to read rules but does not express any comprehension of what was read. ▮ had difficulty communicating in English regarding appropriate client care, fire drills and answering basic questions regarding policy and procedures. PCGis heavily dependent upon the SCG for English communication.
1.(b)(5)(C)(I-iv)
PCG using a friend as alternative transporter but none of the requirements are in file.
1.(b)(7)
HHM that do not have current TB tests:
PCG and SCG do not have current TB screen results in file.
1.(b)(8)
No current Blood Borne Pathogen training for
1.(e)
Must remove ▮ as a caregiver.
1.(f)
No files for HHM.
1.(i)
PCG did not notify CTA of household member changes.

Foster Family Home	Client Care and Services	[17-1454-43]
3.(c)(5)(A)	Appropriate, safe techniques, and infection control procedures; and	

Comment:

3.(c)(5)(A)
When questioned, PCG could not define a blood borne pathogen or how to disinfect and area.

Foster Family Home	Fire Safety	[17-1454-45]		
5.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.			
5.(b)(1)	The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and			
5.(b)(2)	All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.			

Comment:

5:
PCG could not explain what a fire drill is. No fire drills have been performed. There is a form for fire drill that was filled in by a different caregiver but the drill never occurred.

Foster Family Home	Medication and Nutrition	[17-1454-46]		
6.(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.			
6.(d)(2)	Reflected in the client's service plan; and			

Comment:

6.(a)
Physician requested that the Case Manager RN administer the client's   The SCG is the only person that has signed the MAR for administering the medication.
The service plan states diet is   Physician order states
frequency o   blank on service plan. Physician order states   When questioned, PCG
states that [ ] conducts   , When asked what the deciding factors
ire, PCG did not answer. Only 2 testing per day are recorded on flow sheet.

Foster Family Home	Physical Environment	[17-1454-48]		
8.(b)(3)	Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.			
8.(c)(2)	The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and			
8.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.			

Comment:

8.(b)(3)
No baby monitors or call button in [ ] room.
8.(c)(2)
PCG could not explain what a blood borne pathogen is and could not describe how to disinfect an area.
8.(c)(3)
There is no room set up for a second client. The stove is located upstairs. There are electrical appliances in use in the garage.

Foster Family Home   **Quality Assurance**   **[17-1454-48.1]**

8.1.(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:
8.1.(a)(1)	Sudden illness or accident;
8.1.(a)(2)	Death;
8.1.(a)(3)	Violent acts or abuse;
8.1.(a)(4)	Natural disasters;
8.1.(a)(5)	Fire; and
8.1.(a)(6)	Power and telephone outage

Comment:

8.1:
The emergency form is incomplete. PCG could not identify the nearest emergency shelter. SCG was signing the emergency plan in the next room, although the plan was not completed yet.

Foster Family Home   **Fiscal Requirements**   **[17-1454-49.1]**

9.1.(a)	The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
9.1.(b)	The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
9.1.(c)	All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

9.1:
Budget has not been filled in.

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

52.(a)(1)	Emergency procedures and an evacuation map;
52.(b)(1)	Permit effective professional review by the case management agency, and the department; and

Comment:

52:
PCG did not follow the table of contents at the beginning of the notebook. Papers are misfiled. There are no files for household members.

voluntarily closed during Survey

_____	_____
Compliance Manager	Date
_____	_____
Primary Care Giver	Date