

Foster Family Home - Corrective Action Report

Provider ID: 1-110081

Home Name: Eliel Corpuz, CNA

Review ID: 1-110081-5

91-1545 Keonekapu Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/5/2015

End Date: 11/15/2015

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

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

Comment:

Three person recertification survey performed [redacted]. Corrective Action Report issued with written Plan of Correction due to CTA [redacted].

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) There is no fingerprint documentation in file for CG [redacted]. There is an ECRIM in file [redacted]. Another ECRim was due [redacted] but there is no evidence of it being done in file.

CG [redacted] has an Ecrim in file [redacted]. It was due to be done again [redacted]. There is no documentation in file to show it was done.

CG [redacted] had an Ecrim done [redacted]. Another was due [redacted]. No documentation in file to show it was done.

7.1.(a)(2)

CG [redacted] has documentation for APS/CAN [redacted]. The second one was due [redacted]. It was done [redacted].

CG [redacted] has documentation of APS/CAN [redacted]. The second APS/CAN was due [redacted]. No documentation in file of a second APS/CAN.

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

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

Comment:

10.(4)

Household Member [redacted] no longer resides in this home but the change was not reported to CTA.

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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 documentation in file of confidentiality or privacy training for any CG or adult HHM.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(5)

CG [redacted] is listed as a driver on alternative drive plans of caregivers. This caregiver's driver's license in file has expired, and is not from the state of Hawaii.

41.(b)(8).

CG [redacted] and CG [redacted] were last certified in CPR and First Aid [redacted]. Recertification was due [redacted] but no documentation of recertification is in file.

CG [redacted] certification for CPR and First Aid expired [redacted] and no documentation of recertification is in file.

CG [redacted] CPR and First Aid expired [redacted] but no documentation of recertification is on file.

41.(f)(1)

CG [redacted] last TB screening [redacted]. A new screening was due [redacted] but there is no documentation of a current TB screening. There is no proof in file that caregiver had a positive TB test or that a chest X Ray was ever done.

CG [redacted] Had a TB test [redacted]. Another test was due [redacted] but there is no documentation that another TB screening was done.

CG [redacted] last TB screen was done [redacted]. A new screening was due [redacted]. There is no documentation that another screening was done.

41.(h)

CG [redacted] there is no caregiver approval form in file.

CG [redacted] was removed as a caregiver [redacted]. CG [redacted] is being used. There is no change form on file to add the caregiver again.

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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] CNA license in file has expired. Current CNA certificate is not in file.

CG [redacted] have no work experience forms in file.

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

CG [redacted] has no inservice training in file.

CG [redacted] has 10 hours of inservice training in file within the last twelve months. Two more hours required.

CG [redacted] has verification of 16 hours of inservices taken within the last 24 months. 8 more units required.

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

There are no sign out sheets for this home to show who is covering while CG [redacted] is absent.

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3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

- 45.(3P)(b)(1) shall be conducted monthly
- 45.(3P)(b)(2) shall be held at different times of the day, evening, and night
- 45.(3P)(b)(3) shall be held under varying conditions, e.g., eating, visiting, bath times, etc.
- 45.(3P)(b)(4) shall include testing of smoke detectors
- 45.(3P)(b)(5) shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants
- 45.(3P)(b)(6) shall include all SCGs at least once per year
- 45.(3P)(c) The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client
- 45.(3P)(d) All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

45.(3P)(b)(1) - 45.(3P)(d):
No documentation present in home file of monthly fire drills being conducted by CG [redacted] and other CGs .

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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) Client [redacted] A Nurse delegation sheet is present for CG [redacted] but states the name of the home as that of a former caregiver, not the present primary caregiver.

Client [redacted]

CG [redacted] has no delegations. No signed delegations for CG [redacted]

46.(b)

Client [redacted]

[redacted] No order was found to reduce the dosage again. [redacted]

There is no [redacted] Medication Record present. [redacted] No evidence of medications being given [redacted]

Client [redacted]

No medication sheets [redacted] present. No documentation of medication being given [redacted] CG [redacted] has stopped giving [redacted] Client [redacted] without an order.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a)

There is no written accounting of monies for either Client [redacted] or Client [redacted]

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

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

Comment:

48.(e)

There are no policies regarding smoking that are present on file.

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

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:

48.1.(a)(1) Sudden illness or accident;

48.1.(a)(4) Natural disasters;

48.1.(a)(5) Fire; and

48.1.(a)(6) Power and telephone outage

Comment:

48.1.(a)(4)- 48.1.(a)(6):

There is no Emergency Preparedness Plan present in file.

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

49.1.(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.

Comment:

49.1.(b)

No fiscal records present in file, and none could be found elsewhere in the home at the time of review.

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 is present in file.

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Foster Family Home

Records

[17-1454-52]

- 52.(a)(3) A list of applicable community resources.
- 52.(b)(2) Provide information for necessary follow-up care for the client.
- 52.(c)(1) Client's vital information;
- 52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 52.(c)(7) Expenditure records; and
- Comment:

52.(a)(3)

No listing of community resources were seen in file or in the home.

52.(b)(2)

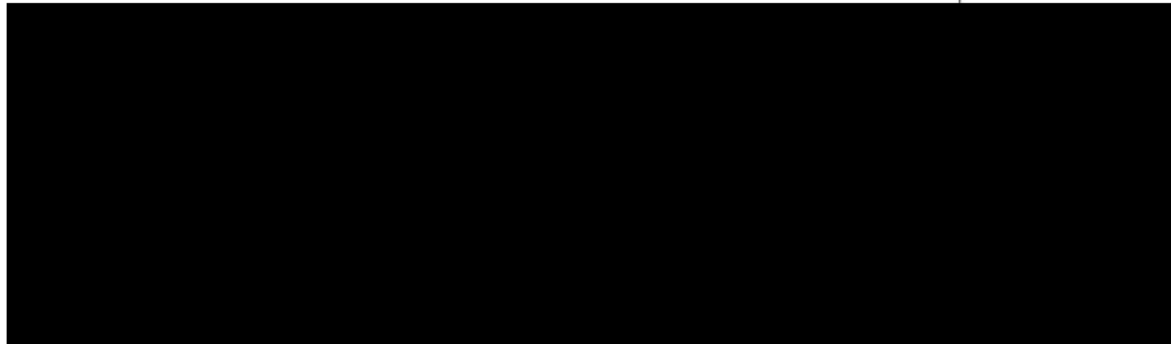
There is no working FAX machine in this home. It is unknown how the CCFFH receives or sends information to or from the CMA and Doctor's office in a timely manner to provide necessary follow up care.

52.(c)(1)

Client [REDACTED]
Vital information sheet is blank regarding client's date of admission.

52.(c)(6)

Client [REDACTED] No monthly Nursing visit notes are present [REDACTED]



7.1(a)(1),(2) P/s Red faxed background checks.

CG [redacted] are removed [redacted]

10.4 HHM [redacted] moved out [redacted]

13.1 I don't understand what i should do,
after my disclosure (see taxed) clarify
TRAINING WAS DONE [redacted]

41.b.8 CG [redacted] is removed [redacted]

41.1 See form [redacted] for

CG [redacted]

41.4 CG [redacted] is removed [redacted]

CG [redacted] Added [redacted]


41(3P)(a)(4) CG [redacted] is removed.

41(3P)(b)(2) A sign out sheet has been
in place [redacted]

45 (3P)(b)(1) The file for the Fire Drills
and Monthly Budget has been
found. [redacted] Fire Drills
has been conducted.

46(a) All Caregivers have delegations.
CMA has rectified everything, errors
and these are now on file.

46(b) The Flow sheets, MARS are found 


50b(15) VISITING HOURS, SMOKING POLICY


52a3 A LIST of Resources has been
acquired (a book/pamphlet given
to me by my local bank).

52b2 WE HAVE A WORKING FAX MACHINE
EVER SINCE WE STARTED our Foster Home.
There's a copying machine that i
can not "print from my phone or
ipad" - This must be the one
~~not~~ mentioned here, there was
a misunderstanding.

52.c1 Vital Information for Client [redacted]
has always been on file [redacted]
[redacted]

52.c(6) The monthly visit missing, [redacted], has been
requested from [redacted] for
a number of times.

Received the monthly notes
from [redacted] from client

Ask the visiting nurse for
a copy of the monthly visit
[redacted]

(1)

7.1(a)(1) ECRIM for CG [REDACTED] is on file and valid for 2 yrs.

CG [REDACTED] has an ECRIM [REDACTED]

Notified CG [REDACTED] to send/bring latest ECRIM (CG [REDACTED] responded but document is not on file yet.

How to prevent these happening again:
PCG shall have a calendar for expiration dates of said documents.

7.1(a)(2) CG [REDACTED] overlooked the date (month) of APS/CAN, thus the 9 month gap.

CG [REDACTED] has been notified to bring/send a copy of latest APS/CAN. No copy has been received yet.

To avoid the above errors, CG [REDACTED] shall keep a calendar for all expiring documents.

10. (4) HHM [REDACTED] went for vacation [REDACTED] [REDACTED] no intention of staying for good. There was no need to report since [REDACTED] was expected to return in a month.

To correct this, PCG shall make a report about Home Composition after a couple of weeks absence by a HHM.

13.1.(b)(5) The document in question was filed in another folder (together with the Monthly Budget & Fire Drill).

To correct this, there will be only one 'Station' / office Files / Cabinet for all folders pertaining to the CCFFH's.

41.(b)(5) CG [REDACTED] drivers license on file during the review was expired. It was a lapse on the part of CG [REDACTED] who has since acquired a HI license but never changed the one on file. This has been corrected by making a VALID HI license copy then filed.

- 41.(b)(6) CG [redacted] & CG [redacted] certificates for CPR and First Aid are on file (valid [redacted]).
- 41.(b)(8) CG [redacted] CPR & First Aid certification card on file (valid [redacted]).
- 41.(b)(8) CG [redacted] CPR & First Aid cert. card has been requested. Not on file as of this writing.
- 41.(F)(1) CG [redacted] Current TB screening on file [redacted]
- CG [redacted] Current TB screening on file [redacted]
- CG [redacted] Current TB screening on file [redacted]

To prevent the above errors from happening again, a calendar shall be in place and all SCGs shall be notified to bring/send current forms or certificates.

(4)

41. (b) CG [redacted] approval form has been requested (from another Foster Home), no response yet. CG [redacted] promised to bring the copy next time [redacted].

[redacted] has never been removed. It must have been an error. No SCG was ever removed since Foster Home ~~was~~ started operation.

41. (3P)(a)(4) CG [redacted] CNA license on file [redacted].

CG [redacted] work experience forms on file.

41(3P)(a)(5) CG [redacted] Has 14 units of CE Trainings [redacted] on file

CG [redacted] Has ~~14~~ 13 units of CE Trainings on file.

CG [redacted] Has 14 units of CE Trainings [redacted] on file

To prevent above issue, PCG shall require ALL copies of CE's for the current year.

41. (3P)(b)(2) There has never been a sign out sheet before. The Foster Home used the "Calendar" as part of the records.

To correct this, a log book is now in place with the official Log Out Forms to show who is covering for the CG [redacted] while absent/away.

45(3P)(b)(1) At the time of review, the Folder for the Monthly Fire Drill and Monthly Budget was not presented as it was 'placed' in the other station (w/ the Fax/copy machine).

To correct this, the Folder shall be filed together w/ all files related to the Foster Home in Only One Area/Cabinet.

46(a) An error on the part of Case Mgt. and PCG overlooked the mistake.

Request has been made to CMA to rectify the error for Client [redacted].

(6)

4b (a)

Client [redacted]:

CG [redacted] delegations has been requested, CMA Nurse shall bring it on her next visit.

Signed delegations for CG [redacted] are on file.

To prevent above error, PCG shall see to it that ALL SCG sign delegation forms ASAP.

4b (b) CG [redacted] was not aware of the prescription orders. Pharmacy should have been notified (also). Subsequent refills were the SAME.

To correct this, CG [redacted] shall double check change of medications BEFORE ordering another refill.

As there are 2 stations, one for the FAX machine / Copier, the [redacted] med sheets were left on the Copier. Thus no evidence of medication was presented during the review.

46(b) No evidence of Medications. (7)

To prevent the issue, CG shall make it a point to RETURN copied documents as soon as job is finished.

46(b)

Client:

Same as client no medication sheets for [REDACTED] was present during review. The sheets were left at Copying Station [REDACTED].

To prevent problem, CG shall RETURN at ONCE all copied documentations as soon as finished.

CG contacted the PCP re the issue. Requested an order to STOP with the [REDACTED]

[REDACTED] Until order is not received, CG continues to give to Client [REDACTED].

47(a) Receipts of Purchases are kept but no Logs had been kept. CG shall make a Folder just for this.

48.1(a) An Emergency Preparedness Plan is in place (for Natural Disasters, Illness or Accident, Fire and Power Outages).
Now ON FILE.

(f)

49. 1.(b) The Folder/File for Monthly Budget, & Fire Drills were not presented during interview/review.

The Folder shall be with all Files and Folders pertaining to the Foster Home's Operation - this will prevent Files being misplaced.

50 (b)(5) Although there is no Visiting Policy, the Families of the Clients have always enjoyed coming/visiting anytime. The CCTFH shall put in writing and on File a visiting schedule/policy.

52. (a)(3) The Foster Home shall source and list all possible community resources, and all shall be on file.

52. (b)(2) The Fax Machine/Copier was not seen (not even asked if the Home had one).
The Fax Machine/Copier is inside one of the rooms as confidential transmittals/information has to be safeguarded!

52. (c)(1)

Client [REDACTED]

Doctor's Orders for Admission to CCFH
[REDACTED] ON FILE.

52. (c)(6)

Client [REDACTED]

Nursing
A copy of the monthly visit
has been requested from CMA.

[REDACTED]

46. (b)

Client [REDACTED]:

Changes in doses shall be doubly checked w/ the Primary Doctor, the Pharmacy shall be notified right away.

The right dose shall be given as prescribed by the Doctor.

Client [REDACTED]:

All medical records shall be returned (to the record books) right away, after copying or faxing.

47. (a) A record of all the expenses (Client [REDACTED] monies) are ~~in~~ in place and all receipts are kept / filed.


[REDACTED]

48. (e) The 'No Smoking' Policy shall be kept in the Book for the visitors & guests to READ.

50. (b)(15) Visiting Hour Policy shall be kept in the Book for visitors and guests' guidance.

52. (a)(3) The Community Resources Book shall be on file always for ready reference.

52. (c)(1) PCG shall always see to it that the Vital Information is found on the first pages of the ^{CURRENTS} Record Book.

52. (c)(6) PCG shall ALWAYS request the Visiting Nurse a copy of  monthly visit notes.