

Foster Family Home - Corrective Action Report

Provider ID: 1-150080

Home Name: Caroline Batacan, CNA

Review ID: 1-150080-3

650 Hoomalu ST.

Reviewer:

Pearl City HI 96782

Begin Date: 12/7/2016

End Date:

2/2/17

Foster Family Home Required Certificate

[17-1454-6]

6.(b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

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

Comment:

6.d.1 Home visit made for a 2 bed recertification survey. Corrective Action Plan issued via email on 12/13/16 with all a written plan of correction due to CTA by 1/14/17.

6.b Client #1 is related to the foster family and Client #1 owns the home the foster family lives in.

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 present for CG#2, CG#3, HHM#1 and HHM#2

Foster Family Home - Corrective Action Report

Foster Family Home	Personnel and Staffing	[17-1454-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

- 41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
 - 41.(f)(2) Background checks

Comment:

41.a.3 No job experience form present in record for CG#1

41.b.6 Client #2 bedroom has no walls or doors. The home is using a curtain and cabinets to make walls. The home stated that this was not an original bedroom approved by CTA. The home must comply with all housing and fire codes and determine whether or not they can make this area a legally permitted bedroom. According to Honolulu county the home is permitted for 5 legal bedrooms.

41.b.7 Only TB clearance present is for 1/6/16. CTA unable to determine continued compliance since previous TB was not present in record.

41.b.8 CPR/1st aid for CG#2 expired 2/2016
Only 1/28/16 bloodborne pathogen training present for CG#1. CTA unable to determine continued compliance since previous training was not present in record.

41.c CG#1 lacks 9 hours of annual in-service training.

41.f.2 Second fingerprinting for HHM#1 is past due. HHM#1 is scheduled for 12/13/16 to have them done.

Foster Family Home	Client Care and Services	[17-1454-43]
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- 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;

Comment:

43.c.3 No delegation for any caregiver present for Client #1 or #2 with RN signatures for any nursing task.

Foster Family Home	Fire Safety	[17-1454-45]
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- 45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.b.2 All caregivers are required to conduct and run at least 1 fire drill per year. There was no evidence of CG#2 or CG#3 conducting a fire drill in the last 12 months.

Foster Family Home - Corrective Action Report

Foster Family Home	Medication and Nutrition	[17-1454-46]
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- 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.
- 46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.
- 46.(d)(1) By order of a physician;
- 46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.a The CCFFH is using a 7 day med planner for client #1. This step is not indicated on the medication administration delegation steps.

46.c No side effects of client #1 medications present in the home.

46.d.1 Client #2 has side rails checked on service plan. No physician orders present in record.

46.e No training present for Client #2 thickened liquids.

Foster Family Home	Client Account	[17-1454-47]
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- 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 the home stated that the client's family is not giving the home the personal allowance nor is the family giving the client a personal allowance. Home states that they have been giving the client money out of their own money.

Foster Family Home	Physical Environment	[17-1454-48]
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- 48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 There are cobwebs and live spiders throughout the home on walls and ceilings. There is a dirt and fingerprint build up on doors and light switches. There is spilled food and old food particles in both the refrigerator and freezer.

Foster Family Home	Records	[17-1454-52]
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- 52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 52.(c)(3) Current copies of the client's physician's orders;

Comment:

52.c.2 Service plan for Client #1 says no CPR but there is a POLST that says CPR.

52.c.3 There are 2 medications that have the same medicine in them and both are being given to Client #1. No orders for either medication found in client record.

Compliance Manager

Date

Primary Care Giver

Date

Written plan of Correction

The home flow is completed all current document
Adj: H HM / CG 41-(a)(3) have working experience as
a CG. Job Exp. Form in file

41-(b)(6) H HM #3 / #4 have documents on file on CG

41-(b)(7) H HM #3 / #4 have current tuberculosis done on
H HM #3 Dec 22 2016, H HM #4 Dec 20 2016

41-(b)(8) SC #1 / #2 have a current blood borne pathogen
injection control, current first Aid CPR. the CG have
current blood borne pathogen / current CPR.

41-(c) PCG have current 12 hrs. in service done Jan 6 2017
SC #1 / SC #2 have current in service.

41-(F) CG she maintain on her file all documents is organized

41-(F)(2) completed the background checks

41-a-3 CG #1 is on file

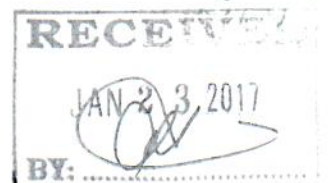
41-b-6 Client #2 now she using a room required by the law

41-b-7 SC #1 the TB old result is missing the PCG she cannot find it
the document is missplace.

41-b-8 SC #2 The CPR/first Aid is current

41-c-8 SC #1 blood borne pathogen is missplace the old one,

41-d- CG #1 completed the 9 hrs in-service.



[17-1454-43] 41.F2 HHM#1 Fingerprint is current. done Dec 19 2014
43 (c)(3) SCH1 & SCH2 has been trained for delegation of Client#1
& Client#2 by the nurse.

45.b.2 The CG conduct to all her SC#1, SC#2, HHM#3, &
HHM#4 for fire drill.

46.a- CG endorsed to the visiting nurse about the 7 day's
med. planner, now the CG not using anymore.

46.e CG she bring Client#1 to his doktor to make document
about the side effect it is in the file of Client#1

46.e CG endorse already to the charge nurse for Client#2

47.(a) CG spoke to case management about the allowance of
Client#1

48.c.3 CG now she maintain the cleanliness of the house

52.c.2 CG of Client#1 endorse to the doktor about the
CPR & POLST

52.c.3 CG she send to Client#1 about two medication some
dosage, now the physician discontinue already the
other medicine. This issue is documented already

The home now is organized all the documents
CG she keep all file on her binder for the future used
it's not gonna happend again

M 1-16-17

Candine Botican
94-7th Kalualala St.

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Written Plan of Correction

13.1.b.5 CG did train all her household member including SC#1, SC#2 about the confidentiality documents & CG explain to them how important to know about this document.

The CG client's they are now in other home, client #1 & Client #2.

The CG she all make sure all the documents on file is not expired, CG she check her binder every 3 months or 6 months, that way no laps all the document, CG she make a calendar to list all papers need to be renew as soon as possible. In the future it is not gonna be happen. All documents be current & put on her binder.

A January 2 2017
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