

# Foster Family Home - Corrective Action Report

Provider ID: 1-140060

Home Name: Prixie T. Cruz, NA

Review ID: 1-140060-3

92-704 Kuhoho Street

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 8/17/2017

End Date: 9/12/2017

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

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

Comment:

6 (d)(1) Home visit made on 8/17/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/17/2017

6 (d)(1) see applicable sections of this review.

## 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) Second set of Fingerprinting not present in the home for CG#1 and CG#2. Lapse on eCrim due on/before 4/2/15 -was done 7/26/17 for CG#1 and due on/before 6/14/15 -was done 7/26/17 CG#2. For CG#5, eCrim due 4/10/17 no current eCrim present in the home.

7.1.(a)(2) Due on/before 4/2/16- no current Adult Protective Services/Child Abuse Neglect(APS/CAN) present in the home for CG#1 and due on/before 9/1916 - no current APS/CAN present in the home for CG#2. Lapsed on APS/CAN due on/before 5/6/2016- done 4/3/17 for CG#3 and due on/before 4/14/17 - was done 4/26/17 for CG#5.

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

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

Comment:

10.(4) CG#1 working out of State and only CG#2 lives in the home with two clients unable to walk which poses a fire hazards for in case of evacuation. Documentation of neighbors signing an agreement to assist in event of an emergency not present in the home.

## 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) Documentation for Confidentiality/Privacy Rights Training concerning clients not present for CG#6.

# Foster Family Home - Corrective Action Report

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

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) Lapsed in CPR and First Aid due on/before 4/10/17 - was done 7/24/17 for CG#4.

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

43.(c)(5)(A)      Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(5)(A) Home has only one CG with two clients unable to walk but wheelchair bound. CG says it takes about 10 to 15 minutes to get client from bed to wheelchair which is unsafe in situations of fire evacuation.

**Foster Family Home**      **Fire Safety**      **[17-1454-45]**

45.(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

45.(b)(2)      All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(1) Home has one CG living with two clients bed bound, unable to walk and CG says it takes 10 to 15 to transfer one client from bed to wheel chair to safe area for emergency evacuation in the event of a fire.

45.(b)(2) Documentations for caregivers to be trained and implement fire drill emergency procedures not present in the home for CG#3.#4, #5, and #6.

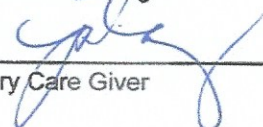
**Foster Family Home**      **Records**      **[17-1454-52]**

52.(a)      Each home shall maintain an administrative notebook including but not limited to

Comment:

52.(a) Home Binder records are unorganized with too many duplicates.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

8/17/2017  
Date

23 Sep 17  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Prixie Cruz

CCFFH Address: 92-704 Kuhoho Street, Kapolei, HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (a)(1)	Second set of fingerprinting for CG#2 was done. All lapses cannot be fixed	09/14/17	Will periodically review background checks documents (eCrim and Fieldprint) to ensure they are current and to avoid any lapse and use calendar to renew before due date. Document for finger printing in Home Binder
	Second set of fingerprinting for CG#1 is scheduled for 11/08/17. Verification of background check – 10/01/2017	11/8/2017	
7.1(a)(2)	CG#5 current eCrim done.	09/16/17	APS/CAN documents will be periodically reviewed to ensure the documents are current and to avoid any lapse and Home will use Calendar info renew before due date
	Current APS/CAN for CG#2 is now on file.	09/14/17	
	APS/CAN for CG#1 scheduled	11/8/2017	
	Current APS/CAN for CG#3 and for CG#5 completed.	09/15/17	
10.(4)	Documentation of neighbors signing an agreement to assist CG in the event of an emergency is on file and neighbors were trained by CMA RN how to evacuate clients.	08/21/17	In the event neighbors will not be present to assist, an alternate person has been identified to be present to assist CG during evacuation.
13.1.(b)(5)	Documentation for Confidentiality/Privacy Rights Training for CG#6 has been updated and is on file.	09/15/17	Will periodically review and update Confidentiality/Privacy Rights training of all CGs by using calendar
41.(b)(8)	Lapses on CPR and First Aid card on file. Cannot be corrected	07/24/17	Home uses calendar to remind for updating
43.(c)(5)(A)	CG has available personnel to assist in the	08/21/17	Will conduct monthly fire

	event of fire evacuation to safely meet the required evacuation time per patient. Refer to 10.(4) of corrective plan.		drills with available CGs and identified neighbors to meet the required time to evacuate each patient safely during a fire emergency.
45.(b)(1)	CG has available personnel to assist in the event of fire evacuation. Refer to 10.(4) and 43.(c)(5)(A) of the corrective plan.	08/21/17	Will conduct monthly fire drills with available CGs and identified persons to safely evacuate each patient within the required time.
45.(b)(2)	CG#3,#4,#5, and #6 will be provided relevant training on fire drill and emergency evacuation procedures every month. CG#3 completed training on 10/2/17.	10/07/17	Will conduct and document monthly fire drills and emergency procedures and all CGs starting with CG#3.
52.(a)	Home binder records have been sorted and updated to remove duplicates and other unnecessary and outdated documents.	09/15/17	Will periodically review and update the binder accordingly to reflect the most current documents and will be organized accordingly based on the order of tabs found under the Table of Contents.

Primary Caregiver's Signature: *prixie t cruz*

Print Name: PRIXIE T. CRUZ Date of Signature: 18 October 2017