

Foster Family Home - Corrective Action Report

Provider ID: 2-510801

Home Name: Nancy Ybanez, RN

338 Ainaola Drive

Hilo HI 96720

Review ID: 2-510801-5

Reviewer: Carol Copeland

Begin Date: 10/11/2017 **End Date:**

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit survey performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 10/25/17.

Foster Family Home Application

[17-1454-7]

7.(b)(1)(C) Background check documents, as provided in section 17-1454-7.1; and

Comment:

7.(b)(1)(C) No Fieldprint APS, CAN or fingerprints in home binder for care givers number 1, 2, or 3.

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

7.1.(b) New employees of the case management agency shall be fingerprinted within five working days of employment, for the purpose of complying with the requirements of this section.

Comment:

7.1.(a)(1), 7.1.(a)(2), 7.1.(b) No AP(SW, CAN or fingerprinting for care givers # 1, 2, or 3.

Foster Family Home Personnel and Staffing

[17-1454-41]

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.(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.

Comment:

41.(b)(7) No current TB clearance in home binder for care givers 1 or 3. No TB clearance in home binder for care giver # 2 for 2016.

41.(b)(8) CPR/First Aid card in home binder for care giver # 2 expired on 9/25/16 and wasn't renewed until 8/03/17. No blood borne pathogen training in home binder for care givers # 1 or 3 for 2017. No documentation of annual training in home binder for care givers #1 or 3.

41.(e) No CTA approval form in home binder for care givers # 1, 2 or 3.

Foster Family Home - Corrective Action Report

Foster Family Home

Fire Safety

[17-1454-45]

45.(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.

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

Comment:

45.(a) No record of fire drills in home binder for 2017. One smoke detector tested, did not alarm.

45.(b)(2) When questioned, care giver # 2 did not know how to evacuate the only client in the home, asked the client with a diagnosis of dementia "Where do we meet if there is a fire?". The client replied "I don't know".

Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

48.(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.

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.(a)(5) One smoke detector tested, did not alarm.

48.(b)(3) Primary care giver sleeps in the living room in a separate part of the house, up stairs and through a locked door. There was a baby monitor behind a television in the living room, unplugged.

48.(c)(3) No light in clients bathroom, no light bulbs in fixture. No glass in the window in clients bed room.

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.

49.1.(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:

49.1.(b) Budget form in home binder did not have totals of expenses or income for any month in 2017.

49.1.(c) No current fiscal related material in home binder, when asked, the care giver was only able to provide a banking statement from June 2017.

Carl Copeland RN, MSN
Compliance Manager

11/22/17
Date

Stanley Fitzgarry
Primary Care Giver

11/20/17
Date

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

CCFFH Name: Nancy Ybanez
 CCFFH Address: 338 Ainaola Drive
 Hilo Hawaii 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
17-1454-48	Physical Environment Obtained new Intercom to monitor client Cleaned client area Bought new smoke detector & tested for safety - light bathroom fixed New glass to cover window in clients bedroom	11/20/17	Assure intercom system in good working condition. Client area to be kept clean & tidy at all times. Test smoke detectors for safety CG to check lighting in room & check window in client bedroom.
17-1454-49	Fiscal Requirements Updated fiscal records	11/20/17	CG/SCG to provide fiscal records to be done monthly.

Primary Caregiver's Signature: Nancy Ybanez, M

Print Name: Nancy Ybanez

Date of Signature: 11/20/17

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

CCFFH Name:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
17-1454-6	Obtained all applicable requirements (Required Certificate)	11/20/17	Background check documents will be provided. CG will comply with applicable requirements
17-1454-7	Background check documents obtained (Application)		Background check to be provided by CG
17-1454-1	Fieldprint-APS, CAN obtained per compliance for CG Criminal History (Background check) APS check New SCG: fingerprinting	11/20/17	CG will provide background checks 1) criminal history 2) APS check 3) New SCG fingerprinting
17-1454-41	Current TB clearance obtained Current blood borne pathogen CPR, First aid for PCG + SCG	11/20/17	CG + SCG to do yearly TB clearance, blood borne pathogen, CPR, + First Aid
17-1454-45	Fire Safety - Fire drills conducted + testing of smoke detectors. Fire drill conducted to client	11/20/17	CG / SCG to conduct fire drills + test smoke detectors to client at least monthly.

Primary Caregiver's Signature: Nancy Zuhaney, rd
 Print Name: Nancy Zuhaney Date of Signature: 11/20/17