

Foster Family Home - Corrective Action Report

Provider ID: 1-160012

Home Name: Debra Lynn Alexander, CNA

Review ID: 1-160012-3

599 Hoomoana Street

Reviewer: Sue Lo

Pearl City

HI 96782

Begin Date: 1/22/2018

End Date: 3/23/2018

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 for a 2 bed recertification requested to increase to 3 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 2/22/2018.

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

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)(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.

Comment:

41.(a)(3) Job experience form/documentation not present in the home for CG#2.

41.(b)(7) TB clearance last done on 3/16/16 but no current TB Clearance present in the home for CG#1. Lapsed on TB clearance due on/before 5/6/16 was done on 11/10/18 for CG#2.

41.(b)(8) Lapsed on CPR and first aid due on/before 11/4/16 was done on 12/22/16 for CG#2. Blood Borne Pathogen training not present for CG#1 and Blood Borne Pathogen last done on 3/28/16 no current Blood Borne Pathogen present in the home for CG#2.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

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)(b)(2) Home for 3 bed has only one SCG.

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.

Comment:

45.(a) Documentation of unannounced fire drill for night time not present in the home.


Compliance Manager

3/24/2018
Date


Primary Care Giver

3/22/18
Date

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

CCFFH Name: DJ FosterCareHome
 CCFFH Address: 599 Hoomoana st. Pearl City, HI 96782

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---------------|--|-----------------------------------|--|
| 41.(a)(3) | Job Experience Form for CG#2 was filled out again. It was placed into home record. | 2 / 1 / 2018 | I understand 3-client home that all CGs need Job Experience and for 3-client home, and a monthly reminder will be made on the calendar posted in the computer room next to home binders, that PCG will check for all required documentation is filed for all CGs. |
| 41.(b)(7)(8) | 2018 TB Clearance was obtained for CG#1. It was placed in home record. Lapse cannot be corrected for TB Clearance for CG#2. Lapse cannot be corrected for CPR & First Aide for CG#2. Current CPR/First Aide cards for CG#2 was misplaced & is now filed correctly in the home binder. Blood Borne Pathogen Training is now present for CG#1. Updated Blood Borne Pathogen Training Certificates are filed in the home binder for CG#1 and CG#2 and CG#3. | 2 / 10 / 2018 2 / 1 / 2018 | I understand TB Clearance and Blood Borne Pathogen are done yearly and that CPR/ First AID is due every 2 years before expiration date. An Annual Calendar has been made of all requirements, located on the poster board located in the kitchen area next to patients charts. This will help prevent future lapses and PCG will check the calendar every month. |
| 41.(3P)(b)(2) | Adding on CG#3 for 3-Bed Certification. Forms/Documentation for CG#3 are completed & filed in home binder. | 3 / 21 / 2018 | Home understands the Staffing Requirements for 3 Bed Certification is to have 2 SCGs. I can prevent this by adding on a second CG for 3-client home, and a monthly reminder will be made on the calendar posted in the computer room next to home binders, that PCG will check for all required documentation is filed for all CGs. |
| 45.(a) | Unannounced Fire Drill was performed during the night around 11-7 for the month of February. | 2 / 1 / 2018 | Unannounced fire drills will also be done at different times of the day, evening and nights. Monthly Notification/Alert; randomly setup on calendar ahead of time, located on the poster board located in the kitchen area next to patients charts. |

Primary Caregiver's Signature:

Print Name: Debra L Alexander Date of 3/22/18
 Signature: 