

# Foster Family Home - Corrective Action Report

Provider ID: 1-170019

Home Name: Aynes Lacambra, RN

91-944 Mailani St

Ewa Beach

HI 96706

Review ID: 1-170019-3

Reviewer: Sue Lo

Begin Date: 2/27/2018

End Date: 4/30/2018

## 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. Corrective action report issued during home visit with corrective action plan due to CTA on 3/27/2018.

## 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)(2) Fingerprinting, Adult Protective Services/Child Abuse Neglect (APS/CAN) not present in the home for CG#1, 2, 3, and 4.

## 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) Confidentiality/client privacy rights training not present in the home for CG#2.

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

41.(a)(2) Be a NA, an LPN, or a RN;

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)(2) NA Certificate not present in the home for CG#2.

41.(b)(7) TB Screening Clearance was done on 1/27/18 and no +/- proof TB skin test (TST) for CG#3; and was done on 1/27/18 and no +/- proof TST for CG#4.

41.(b)(8) Blood Borne Pathogen (BBP) expired on 1/06/18 and no current BBP present in the home for CG#1; expired on 1/10/18 no current BBP present in the home for CG#2; and last done 12/30/16 and no current BBP present in the home for CG#4.

# Foster Family Home - Corrective Action Report

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

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) Delegation of Client #1 care and services not present for CG#2,3,and 4. Delegation of Client #2 care and services not present for CG#2 and 4.

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

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

Comment:

45.(b)(2) Unannounced Fire Drill document for appropriate emergency procedures in the event of a fire was not conducted by CG#2,3,4

**Foster Family Home      Medication and Nutrition      [17-1454-46]**

46.(b)      The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

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.

Comment:

46.(b) Doctor's orders for medication not signed by doctor for Client #1.

46.(c) Medication side effects not present for client #1.

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

48.(a)(2)      Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48.(a)(2) Grab bars in toilet room used by the client, as appropriate not present in the home.

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

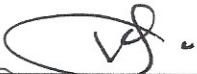
52.(c)(1)      Client's vital information;

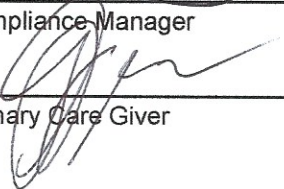
52.(c)(4)      Client's emergency management procedures;

Comment:

52.(c)(1) Client's vital information (Face Sheet/Information Sheet) not present in the home for Client #1.

52.(c)(4) Client's emergency management procedures is incomplete pertaining only to Client #1.

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

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

2/27/2018  
Date

2/27/18  
Date

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

CCFFH Name: **Aynes Lacambra, RN**

CCFFH Address: **91-944 Mailani Street, Ewa Beach, Hawaii 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.a.1.2	<p>APS/CAN and fingerprinting done for CG#1, #2 and #3. Document filed in home record.</p> <p>CG # 4 was removed as SCG. CG # 4 had found a full-time job.</p>	<p>3/23/18</p> <p>3/23/18</p>	<p>Home understands the background check requirements. Home will be responsible to obtain a copy of the result and place the result in the CCFFH administrative binder.</p> <p>Home notified the CTA of any updates on with the changes/adds on SCGs and forms placed in the CCFFH administrative binder.</p>
13.1.b.5	<p>CG # 2 was trained on confidentiality and signed the form. Home placed the form in the administrative binder.</p>	3/12/18	<p>In the future, all new caregivers and household members will receive this training within 24 HRS of being added to the home. Home will be responsible to place the needed documents for all the CGs.</p>

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: AYNES LACAMBRA

Date of Signature: 04/23/18

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

CCFFH Name: Aynes Lacambra, RN

CCFFH Address: 91-944 Mailani Street, Ewa Beach, Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.a.2	CG # 2 NA certificate was placed in the CCFFH administrative binder.	3/12/18	Home will be responsible to place the needed documents for all the CGs.
41.b.7	TB Screening Clearance with + / - proof TB skin test placed in the CCFFH administrative binder for CG #3.	1/27/18	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due. Home will place the results into home record. Home will check computer spread sheet at least once a month.
	CG # 4 was removed as SCG. CG#4 had found a full-time job.	3/23/18	Home notified the CTA of any updates on with the changes/adds on SCGs and forms placed in the CCFFH administrative binder.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

AYNES LACAMBRA

Date of Signature: \_\_\_\_\_

04/23/18

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 Written Plan of Correction for Deficiencies  
 Listed In Corrective Action Report  
 Chapter 17-1454

CCFFH Name: **Aynes Lacambra, RN**

CCFFH Address: **91-944 Mailani Street, Ewa Beach, Hawaii 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.8	Blood Borne Pathogen (BBP) completed on 02/20/18 for CG#1. CG#2 completed on 3/23/18 CG#4 was removed as SCG. CG#4 found a full-time job.	02/20/18  3/23/18	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due. Certificates will be placed in the CCFFH administrative binder.
43.c.3	RN Delegation was done for CG#2 and CG#3 by CMA RN. CG#4 was removed as SCG. CG#4 found a full-time job. Signed forms placed into the client records.	3/12/18	Home will notify client's CMA that RN delegation needs to be performed within 3 days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates and check calendar monthly.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: AYNES LACAMBRA

Date of Signature: 04/23/18

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CCFFH Address: **91-944 Mailani Street, Ewa Beach, Hawaii 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.b.2	Monthly fire drill was done by CG#2.	3/12/18	Monthly Fire Drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator. Next month CG#3's turn to conduct unannounced fire drill. Home will train all CGs to conduct fire drill to be done at least once a year.
46.b	Doctor's medication orders signed by the doctor on 3/23/18 for Client # 1.	3/23/18	Home will notify the Doctor for all medications that the Client are taking and obtain signed orders by the doctor.
46.c	Obtain Medication side effects from the pharmacy where the medications of Client#1 were dispensed. Informations placed in the client's MAR.	3/23/18	Home will obtain side effects Informations for all the medications that Client #1 takes. Informations will be placed in the MAR.

Primary Caregiver's Signature: 

Print Name: AYNES LACAMBRA

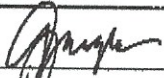
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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.a.2	Placed grab bars in the toilet room used by the client as appropriate.	3/12/18	Home will provide safety by placing appropriate grab bars in the client's toilet room.
52.c.1	Notified Client's # 1 CMA RN for the Face Sheet/Information sheet that is missing in the Client's # 1 binder. Placed the missing form in the Client's binder.	3/12/18	In the future, Home will notify client's CMA for any missing documents in the Client's binder. Home will notify the CMA within 3 days to complete the documents needed in the Client's binder.
52.c.4	Completed Client's emergency management procedures for Client # 1. Forms placed in the Client's binder.	3/12/18	CMA developed a Client's Emergency Management Procedures and forms placed in the Client's binder. Home will notify CMA for the missing document in the future to prevent the above errors.

Primary Caregiver's Signature: 

Print Name: AYNES LACAMBRA

Date of Signature: 04/23/18