

Foster Family Home - Corrective Action Report

Provider ID: 1-110030

Home Name: Alicia Zafaralla, CNA

Review ID: 1-110030-3

94-1068 Puuoku Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/17/2018

End Date:

8/1/18

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 5/17/2018.

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) Adult Protective Services/Child Abuse Neglect (APS/CAN) and eCrim was last done on 12/9/15 renewal not present for CG#2. Fingerprinting not present in the home for HHM#2.

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) Document for Confidentiality polices and procedures training for CG#4 and HHM#3. *not present*

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.

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:

Comment:

41.(b)(8) CPR training not present in the home for CG#4.

41.(f) TB Clearance not present in the home for HHM#2.

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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 for night fire drill not present in the home.

Foster Family Home

Medication and Nutrition

[17-1454-46]

- 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;

Comment:

- 46.(c) Side effects of medication not present in the home for Client #1 and #2.

- 46.(d)(1) Side rail orders not present in the home for Client #2.

Foster Family Home

Client Account

[17-1454-47]

- 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) Documentation of Client #1 account record not completed.

Compliance Manager

Alicia Zepeda

Primary Care Giver

4/17/2018
Date

4/17/2018
Date

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

3 of 4

CCFFH Name: ALICIA ZAFARANA
 CCFFH Address: 94-1068 PULOKA ST, WAIKAPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	APS/CAN was done by CG # 2	12/06/2017	CG #1 understand the background checks requirements. CG #1 will use a calendar or iPhone to input all due dates to prevent any future lapses
	ECRIM was obtained by CG # 2	05/07/2018	
7.1(a)(2)	FINGERPRINTING of HHM #2 was scheduled	05/16/2018	CG #1 will use a calendar or reminder's list and should be posted on a small board or to be placed into home record. CG #1 should check every year before the expiration to avoid or will not occur again in the future.

Primary Caregiver's Signature: Alicia Zafarana

Print Name: ALICIA ZAFARANA

Date of Signature: 05/10/2018

Att: Angel England

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

3

CCFFH Name: ALICIA ZAPARALA
CCFFH Address: 94-1068 PULOKA ST, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(3)	Fingerprinting for HHM # 2 was obtained.	5/21/2018	CG#1 will use a calendar reminder's list and should be posted on a small board to be placed into home record. CG#1 should check every year before the expiration to avoid or will not occur again in the future.
47.(a)	Documentation of client #1 [redacted] was completed and recorded, to her account record.	7/30/18	CG#1 should make a list of all the expenses and to be recorded every month.

Primary Caregiver's Signature: Alicia Zaparala

Print Name: ALICIA ZAPARALA Date of Signature: 8/01/2018

Community Care Foster Family Home (CCFFH)
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4 of 4

CCFFH Name: ALICIA ZAPARANA
 CCFFH Address: 94-1068 PULOKA ST, WAIKAPU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1.(b)(5)	Confidentiality, policies and procedures training was given and signed by CG # 4 and HHM # 3	04/18/2018	In the future, all new caregivers and household members will receive this training within 7-10 days of being added to the home.
41.(b)(8)	CPR training for CG #4 was done.	04/23/2018	CG #1 should check the calendar, reminder list to verify expiration.
41.(f)	TB Clearance for HHM # 2 was obtained	05/07/2018	CG #1 should use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow to get them done before they are due.

Primary Caregiver's Signature: Alicia Zaparana

Print Name: ALICIA ZAPARANA

Date of Signature: 05/10/2018

ATTN: SOO LING LO, RN
Compliance Manager

1 of 1

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

CCFFH Name: ALICIA ZAFARANA
CCFFH Address: 94-1068 PULOKA ST, WAIKAIHUA, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(a)(1)	Client #2 has improved and not needed.	5/11/18	CG #1 understand the safety of using side rail. CG #1 talked to CM, RN and needs doctor's order to get side rail order when client #2 needs side rail order later on and any other client needs side rail order.
41.(b)(8)	CPR training for CG #4 was done	04/23/2018	CG #1 should check monthly the calendar reminder list to verify expiration and renew every 2 years before the expiration date. Reminder list is posted in the kitchen.

Primary Caregiver's Signature: Alicia Zafarana

Print Name: ALICIA ZAFARANA

Date of Signature: 05/11/2018

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Attn: Angel England

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
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Chapter 17-1454

CCFFH Name: ALICIA ZAFARALLA
CCFFH Address: 94-1068 PULOKA ST, WAIKAPU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
	Consent form picked up from Case		
46(d)(1)	Side rail order for client # 2 was obtained. Service plan was up dated.	6/5/2018 7/30/18	Siderail to be raised when ever patient will be alone in bed, to prevent falling and injury.
46(c)	Side effects of medications for client #1 and client # 2 was enumerated / listed one by one.	07/30/18	CG#1 should understand aft. medication side effects and will keep information for medication side effects near by the medicine cabinet to look up information as needed.

Primary Caregiver's Signature: Alicia Zafaralle
Print Name: ALICIA ZAFARALLA Date of Signature: 08/01/2018

Attn: Soo Ling Lo, RN
Compliance Manager
Angel England

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

CCFFH Name: ALICIA ZAPAROLA
CCFFH Address: 94-1068 PALOHE ST, WAIKANA, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.(a)	Night fire drill by CG #4 was performed	07/20/2018	Fire drill will be done by each caregiver at least once a year. CG #1 developed a schedule and has it posted on the refrigerator to do monthly fire drill day, evening and night randomly.
46.(c)	Side effects of medications for client #1 and client #2 was never been noticed since they admitted to the home.		CG#1 should understand about medication side effects and will keep information for medication side effects nearby the medicine cabinet to look up information as needed.

Primary Caregiver's Signature: Alicia Zaparola

Print Name: ALICIA ZAPAROLA

Date of Signature: 05/11/2018