

Foster Family Home - Corrective Action Report

Provider ID: 1-160002

Home Name: Glenn Abara, CNA

Review ID: 1-160002-4

66-894 Paahihi Street

Reviewer: Angel England

Waialua HI 96791

Begin Date: 12/3/2018

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 for a 3 bed re-certification inspection survey. Corrective action report issued during home visit with a written plan of correction due to CTA by 1/3/19.

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 No second set of fingerprints present for CG#3 and HHM#1

7.1.a.2 APS/CAN checks lapsed, they were due on/before 11/30/18 for CG#1. APS/CAN checks were due on/before 12/5/18 for CG#4. No current APS/CAN checks present for CG#1 and CG#4. No second set of APS/CAN checks present for CG#3 and HHM#1.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.b.7 No Tuberculosis clearance present for CG#1 for 2017 or 2018. CG#2 TB clearance was due on/before 3/17/18, no current TB clearance present. TB clearance for CG#4 is for symptoms only. However, CG#4 has no history of [REDACTED] and therefore [REDACTED]

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 No fire drills conducted by CG#2 present in record. Added CG#3 and 4 today and will need to conduct a drill within next year as proof of training.

Foster Family Home - Corrective Action Report

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.

Comment:

46.b No RN delegation present for [REDACTED] for any caregiver.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.a.1 CG#3's name is incorrect on liability insurance. CG#4 is not listed on insurance as insured.

Foster Family Home Client Rights [17-1454-50]

50.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

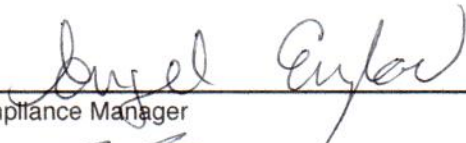
50.b.9 There is a video monitoring system in place in the house. No consent form signed by client present in record to state this violation of privacy is okay with client.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

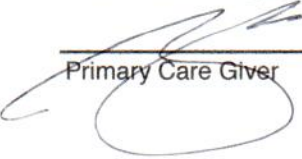
Comment:

52.c.5 There are some medication discrepancies for client #1.
Two medications have dosages on over the counter medication that do not match medication administration record and/or doctor orders.
One medication is ordered [REDACTED] and the prescription label [REDACTED] It is being given [REDACTED] according to medication administration record instructions.



Compliance Manager

12/3/18
Date



Primary Care Giver

12-3-18
Date

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

CCFFH Name: Glenn Abara

CCFFH Address: 66-894 Paahihi St. Waiialua Hi 96791

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1	The home requires CG#3 and HHM#1 to have their second set of fingerprint done on 12-05-18. CG#3 submitted results of fingerprint on 12-11-18, HHM#1 submitted results on 12-19-18.	12-11-18 12-19-18	The home created list of requirements that need to be renewed in order for the home to identify and reminds the caregivers and household members to renew requirements before it expires. The list is posted at the front cover of the home binder. All CGs and HHM are all done with second sets of fingerprints.
7.1.a.2	The home requires CG#1, CG#3, CG#4 and HHM#1 to have their APS/CAN done on 12-05-18. CG#1 submitted results of APS/CAN on 12-10-18, CG#3 results of APS/CAN on 12-11-18, CG#4 results of APS/CAN on 12-05-18, and HHM#1 results on 12-19-18.	12-05-18 12-10-18 12-11-18 12-19-18	The home created list of requirements that need to be renewed in order for the home to identify and reminds the caregivers and household members to renew requirements before it expires. The list is posted at the front cover of the home binder. All CGs and HHM will renew every 2 years before expire dates.

Primary Caregiver's Signature: _____



Print Name: Glenn Abara

Date of Signature: 1-14-19

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

CCFFH Name: Glenn Abara

CCFFH Address: 66-894 Paahihi St. Waiialua Hi 96791

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	The home requires CG#1, CG#2 and CG#4 to secure TB clearance on 12-07-18. CG#1 submitted results on 12-07-18, CG#4 submitted results on 12-10-18, CG#2 still waiting results.	12-07-18 12-10-18	The home created list of requirements that need to be renewed in order for the home to identify and reminds the caregivers and household members to renew requirements before it expires. The list is posted at the front cover of the home binder. TB clearance will be done every year before expiure dates.
45.b.2	CG#2 performs fire drill on 12-15-18.	12-15-18	The home will requires all caregivers one mandatory fire drill in any given year.
46.b	The home informed CMA that client has a rectal medication. CMA delegated CG#1 in administering [REDACTED] on 12-04-18. The home is working on caregivers schedule to get them delegated on [REDACTED] administration.	12-04-18	The home will always inform the CMA as soon as possible of client new medications.

Primary Caregiver's Signature: 

Print Name: Glenn Abara

Date of Signature: 1-14-19

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

CCFFH Name: Glenn Abara

CCFFH Address: 66-894 Paahihi St. Waialua Hi 96791

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.a.1	The home informed insurance agency of wrong spelling on CG#3 name, gave correct spelling and to include CG#4 as caregiver on 12-04-18. Received corrected name of CG#3 and added CG#4 on 12-05-18.	12-05-18	The home will always communicate efficiently and write legibly.
50.b.9	The home informed CMA that video monitoring is in place in the house. Client /family signed consent form on 12-05-18.	12-05-18	The home will always secure consent to client/family the use of video monitoring of entire home as well as client room if needed.
52.c.5	The home informed CMA that medications has discrepancies. The CMA obtained a prescription for the medicine and revised the MAR on 12-14-18.	12-14-18	The home will follow RN delegation for medicine administration, home will check labels and MARs before passing med. The home posted ,The 5 Rights of Medication Administration near medication cabinet.

Primary Caregiver's Signature: _____

Print Name: Glenn Abara

Date of Signature: 1-14-19