

Foster Family Home - Corrective Action Report

Provider ID: 1-150028

Home Name: Anlyn Perez, NA

Review ID: 1-150028-5

94-150 Kupuohi Place

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/2/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 5/2/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/2/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.a.1 CG#3 has no proof of current Fingerprinting and APS/CAN, it was due on or by 6/22/2018. PCG has no proof of current APS/CAN, it was due by 3/8/2019. CG#2 has no proof of current APS/CAN, it was due by 3/9/2019.

8.a.2 PCG has no current proof of e-crime present, it was due on 3/30/2017. CG#2 no proof of current e-crime, due on 3/2/19. CG# 3 no proof of current e-crime, it was due by 3/30/2019.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

- 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.5 CG#3 resident card expired 04/06/2019.

41.b.7 No proof of current TB clearance for: PCG, last one was done 3/4/2018. CG#2 last one done 3/12/2018, CG#3 last one done 12/11/2017.

41.b.8 CG# 3: CPR and first aid expired 4/2019.

41.c CG#3 has no proof of in-service done in 2018.

41.e CG#3 has no approval for from CTA.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 16-89-100.

Comment:

43.c.3 Skills checks and delegations for client#1 are not signed by CG#3.

Foster Family Home	Fire Safety	[11-800-46]
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- 46.(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:

46.a. No Fire Drills done except one, done 2/21/2018.

Foster Family Home	Quality Assurance	[11-800-50]
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- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.a Emergency preparedness paperwork present in binder, but non that has places for signature. No signed emergency preparedness plan.

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Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.a.1 No current Liability Insurance, it expired 12/31/2018.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.a One bank statement is present in binder from, 2/28/2018. No budget filled out, but paperwork present.



Compliance Manager

5/2/19
Date



Primary Care Giver

5/2/19
Date

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

CCFFH Name: ANALYN PEREZ GUZMAN

CCFFH Address: 94-150 KUPUOHI PLACE, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Scheduled Fieldprint APS/CAN for PCG and CG#2 Place Results in Home Record. CG#3 Retrieve Record, done on 8/14/18 therefore expiration due is on 8/14/20	5/23/19	Home will utilize calendar record to track home personnel record. The home will make sure that all records are on file and meet all the requirements.
8.a.2	Obtain E-crim information for the home. All personnel shows no-conviction results.	5/21/19	Home will utilize calendar record to track home personnel record. The home will make sure that all records are on file and meet all the requirements.
41.b.5	Made a copy of CG#3 recent ID card and placed in Home Record.	5/15/19	Home will make sure that all records are on file and meet all the requirements.
41.b.7	Retrieve records of TB Clearance for the Home. CG#1 was done last 3/14/19 CG#2 was done last 3/11/19 CG#3 was done last 2/22/19	5/15/19	Home will make sure to have records ready available at all times. The home will save extra copy on their computer in case any file went missing.

Primary Caregiver's Signature: Analyn P. Guzman

Print Name: ANALYN P. GUZMAN

Date of Signature: 6/11/19

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CCFFH Name: ANALYN PEREZ GUZMAN

CCFFH Address: 94-150 KUPUOHI PLACE, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.8	Retrieve CPR record for CG#3 was done last 2/27/19 expiration date is on 3/7/21 and placed in home binder.	5/15/19	Home will make sure to have records ready available at all times. The home will save extra copy in their computer in case any file went missing.
41.c	Retrieve In-Service record for CG#3 was done last 3/12/18, 3/15/18, 3/27/18 4 hours respectively and placed in home binder	5/15/19	Home will make sure to have records ready available at all times. The home will save extra copy in their computer in case any file went missing
41.e	Retrieve CTA Approval record for CG#3 was done last 9/25/17 and placed in home binder	5/15/19	Home will make sure to have records ready available at all times. The home will save extra copy in their computer in case any file went missing

Primary Caregiver's Signature: AnalyN P. Guzman

Print Name: ANALYN P. GUZMAN

Date of Signature: 6/11/19

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.3	RN delegation was done for CG#3 by the client's CMA and placed in client record	5/22/19	Home will notify client's CMA for addition or changes in CG accordingly to receive proper RN delegation. Home produced calendar exclusive to track all personnel record's due dates.
46.a	Home will lead and assign CGs to conduct fire drill each month, in the morning, afternoon and also at night.	5/8/19	Home will keep keep a calendar record for eac h month on who and what time the fire drill is started. Home will utilize and synchronize calendar with phone alerts for reminders.
50.a	Reviewed Emergency Preparedness Plan with all home personnel and have them sign accordingly, put record in the home binder.	5/15/19	Home produced calendar exclusive to track all personnel record's due dates.

Primary Caregiver's Signature: Analyn P. Guzman

Print Name: ANALYN P. GUZMAN

Date of Signature: 6/11/19

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CCFFH Name: ANALYN PEREZ GUZMAN

CCFFH Address: 94-150 KUPUOHI PLACE, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
51.a.1	Contacted Liability Insurance Company and requested a copy of the policy, will expire on 12/31/19 and placed in home binder.	5/15/19	Home marked the date November 31, and will do it with the succeeding year to be a set reminder for the renewal of Liability Insurance.
52.a	Secured recent Bank statement for the home and put a copy in the home binder.	5/20/19	Home produced calendar exclusive to track all personnel record's due dates including the bank statement records.

Primary Caregiver's Signature: AnalyN P. Guzman

Print Name: ANALYN P. GUZMAN

Date of Signature: 6/11/19