Foster Family Home - Corrective Action Report

Provider ID: 4-619299
Home Name: Arceli Remogat, NA
Review ID: 4-619299-8
378 South Puunene Avenue
Reviewer: Angel England
Kahului HI 96732
Begin Date: 6/5/2019

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

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

Comment:
8.d.1 Home inspection survey performed for a 2 bed recertification. Corrective action report issued during inspection with a written plan of correction due to CTA by 7/5/19.

### Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:
42.4 Home did not report two household members that moved out

### Foster Family Home Client Care and Services [11-800-43]

43.(c)(1) Be appropriate to the age and condition of the client and provided in a homelike environment;
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;
43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:
43.c.1, c.3 and 43.c.6 B The client bedroom has no decorations, TV, radio or anything to make it feel homelike. It feels institutionalized. Home expresses it is because of client behaviors. However there is no current service plan to review to ensure having nothing in the client room is required/ordered/reviewed by an interdisciplinary team. The client's closet was locked restricting access to his belongings. No service plan present and nothing in client record to indicate this is appropriate.

### Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:
49.a.2 There are no grab bars present around commode area.
49.a.5 There is one smoke detector in second client bedroom, that is vacant, that beeped throughout the inspection indicating a need for a battery replacement.
<table>
<thead>
<tr>
<th>Foster Family Home</th>
<th>Records</th>
<th>[11-800-54]</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.(c)(2)</td>
<td>Client's current individual service plan, and when appropriate, a transportation plan approved by the department;</td>
<td></td>
</tr>
<tr>
<td>54.(c)(6)</td>
<td>Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54.c.2</td>
<td>No current service plan present. The last one in record is dated 7/7/2018.</td>
<td></td>
</tr>
<tr>
<td>54.c.6</td>
<td>No RN/SW monthly visit note present for 1/2019 or 11/2018.</td>
<td></td>
</tr>
</tbody>
</table>

Compliance Manager: [Signature]
Date: 6/5/19

Primary Care Giver: [Signature]
Date: 6/5/19
### Community Care Foster Family Home (CCFFH)
**Written Plan of Correction for Deficiencies**
Listed in Corrective Action Report
Chapter 17-1454

**CCFFH Name:** ARCeli REMIGAT  
**CCFFH Address:** 378 South Piulani Ave, Kahului 96732 HI

<table>
<thead>
<tr>
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<th>Date Corrected</th>
<th>Prevention Strategy</th>
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| 12.4        | Done did not report 2 household members that moved out  
* Filed new PCG Discharge form  
* Just filed it on the CTA Compliance binder (copy attached) | 6/5/19 | PCG needs to re-orient self that documents like these need to be coordinated with CTA Office and not just file it on the CTA Compliance binder. (Picture of document attached) |

**Primary Caregiver’s Signature:** [Signature]

**Print Name:** ARCeli REMIGAT  
**Date of Signature:** 7/01/2019
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<td>43. C.1, c.3 and 43. C.6.B</td>
<td>There were clock, radio on top of b-drawer dresser and placed beside desk, fan and lampshade. Unfortunately the day CFA visited home, those were unplugged for some by the client as that's one of his behavioral problem.</td>
<td></td>
<td>Moved the b-drawer dresser to make sure it covers the outlet so client couldn't reach it.</td>
</tr>
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</table>

Primary Caregiver's Signature: [Signature]
Print Name: ANCEL REMOGAT  Date of Signature: 10/17/2019
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<tr>
<td>Cont. 49.C.I., C.3 and 49.C.I.B</td>
<td>Client has a 6-drawer dresser where I put minimal amount of diapers, underpads, clean sheets and clothes. Client's meds, razor, shaving lotion, alcohol and Nebulizer machine were locked inside closet thinking that will be best for client's safety due to progress in treatment.</td>
<td></td>
<td>- PCG unlock closet but lock out client's meds, razor, alcohol and some of the stuff that's dangerous to protect from getting hurt.</td>
</tr>
</tbody>
</table>

Primary Caregiver's Signature: [Signature]
Print Name: ARCELI REMOGAT Date of Signature: Oct 15, 2019
**Community Care Foster Family Home (CCFFH)**
**Written Plan of Correction for Deficiencies**
**Listed in Corrective Action Report**
**Chapter 17-1454**

**CCFFH Name:** AYCEU REMAXAT

**CCFFH Address:** 378 SOUTH PAUWIWI AVE. KAILUAU 96732-171

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<td>cont. 47 c.1, 0.3 and 43 c.6b</td>
<td>Case Manager was aware of the behavioral problem occurred sometime on April 6, 2019. PCG continued reaching out to the child, will include in his svc plan for the next renewal.</td>
<td></td>
<td>PCG always locked the closet. Also, put new wall decor and art in the child's room to make it more home-like environment.</td>
</tr>
</tbody>
</table>

**Primary Caregiver's Signature:**

**Print Name:** AYCEU REMAXAT  
**Date of Signature:** 10/13/2019
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<td>49.9.2</td>
<td>PCG has actually a commode w/ grab bars &amp; never put it 24/7 around the commode area. Only as needed. PCG placed the commode w/ grab bars 24/7 around the commode area.</td>
<td>6/6/19</td>
<td>PCG must see to it that commode area should have grab bars 24/7 and not only as needed.</td>
</tr>
<tr>
<td>49.9.5</td>
<td>PCG bought new battery &amp; replace the smoke detector battery in the vacant room.</td>
<td>6/6/19</td>
<td>PCG to write down date when changing battery. PCG must check &amp; see to it that smoke detector is working good. Should check every month.</td>
</tr>
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Primary Caregiver’s Signature: [Signature]  
Print Name: ARCELI REMIGAT  
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<td>44 C.2, A.16</td>
<td>PCG and visiting nurse shared verbal hand in hand in completing files/documents in client's chart. After CTA visited the house, IG called ACM and spoke to Lynn. With Lynn's help, she faxed the needed documents to PCG at 4:06 PM 07/05/19.</td>
<td>07/06/19</td>
<td>PCG have to make sure current SVC plan and all needed documents for client's chart is in place. If there's document especially SVC plan and monthly visit note is missing, PCG has to coordinate the case nurse right away. PCG has to double check client's chart on a day to day basis.</td>
</tr>
</tbody>
</table>

Primary Caregiver's Signature: [Signature]
Print Name: ARCELI REMO OAT
Date of Signature: 10/18/2019