Foster Family Home - Corrective Action Report

Provider ID: **2-150033**

Home Name:	**Elisha Marie Acol, CNA**	**Review ID:**	**2-150033-4**
64-5305 Hoohoa Street		Reviewer:	Lori O'Keefe
Kamuela HI 96743		Begin Date:	10/22/2019

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

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

Comment:

6.d.1 - random annual inspection conducted on 10/22/19. Home was issued a corrective action report (CAR) with a written corrective action plan (CAP)due to CTA by 11/22/19.

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

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

Comment:

8.a.2 - CG#1 and HHM#1 have expired APS/CAN clearance. Recheck was due by 3/11/18. There is no current on file.

Foster Family Home **Personnel and Staffing** **[11-800-41]**

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.g - Client #1- There is no evidence that competency of basic caregiver skills or specific skills training has been completed for CG#1 or #2.

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

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 16-89-100.

Comment:

43.c.3 - Client #1 - The chart lacks documentation of RN delegation for use of [redacted] precautions.

Foster Family Home **Fire Safety** **[11-800-46]**

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 - The home has no documentation of fire drills being conducted since 12/20/18. In 2018 the SCG did not conduct at least one fire drill for the year.

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Foster Family Home **Medication and Nutrition** **[11-800-47]**

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.e - There is no evidence in client #1 record that [redacted] were provided to CG#1 or #2 for use [redacted] precautions.

Lori O'Kuper RN
Compliance Manager

10/22/19
Date

Ephesha Neal
Primary Care Giver

10/23/19
Date

10/24/2019 14:06 PM

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

CCFFH Name:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.9.2	Lapse cannot be corrected APS/can clearance was done immediatly on 10-22-19 For CG#1 & HHM#1	10/22/19	Home understand now the APS/can requirements. Home Has added it to calendar and smart phone calendar. Inputed all due dates to prevent future lapses.
41.9	RN delegation was done For CG#1 & SCG by clients CMA. It was placed into the client binder	11/6/19	Home will notify clients CMA that RN delegation needs to be performed for basic caregiver skills or specific skills training

Primary Caregiver's Signature: Elisha Acol

Print Name: Elisha Acol Date of Signature: 11/6/19

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

CCFFH Name:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(c)(3)	RN delegation was done For [redacted] Precautions placed in patient binder	11/6/19	Home will notify RN Clients CMA for delegation needs to be done for patient [redacted] precautions.
46.a	Lapse can't be corrected. SCG has conducted a fire drill for the year Month of October and placed in binder	10/23/19	Home has hanged up blank forms For Fire drill next to Fire extinguisher will conduct each month. SCG will do Fire drill at least once a year.

Primary Caregiver's Signature: Elisha Aral

Print Name: Elisha Aral Date of Signature: 11/6/19

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

CCFFH Name:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.e	RN delegation was done For CG1 3SCG [redacted] Precautions. And Placed in binder of patients	11/6/19	Home will ensure there RN delegation For patient that has Special dietary instructions

Primary Caregiver's Signature: Elisha Aral

Print Name: Elisha Aral Date of Signature: 11/6/19