

Foster Family Home - Corrective Action Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

Review ID: 1-590308-7

207 Kilani Place

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 10/18/2019

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

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/18/19. Corrective Action Report issued during home inspection with all items due to CTA by 11/18/19.

6.(d)(1) - see applicable sections of the review

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

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.

Comment:

41.(b)(8) - No current blood borne pathogen certificate for CG #3.

41.(c) - No in-service training (12 hours) for CG #3.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - CG #1 not using the Sign In/Sign Out sheet since October 2018.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - Fire drills not done monthly and none lead by CG #3.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2) - Adverse event form for client #2 was not sent to CMA #2 for event occurring on 8/25/19.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

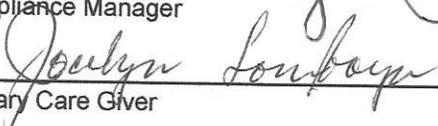
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

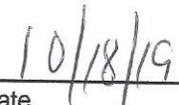
Comment:

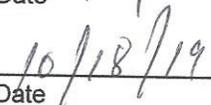
54.(c)(2) - Service Plan for client #1, CMA #1, needs to have Problem list updated. No [REDACTED] per PCP past 4 years.

54.(c)(6) - No Nursing Visit Flow sheet for client #1 and client #2 for September 2019 from CMA #1.


Compliance Manager


Primary Care Giver

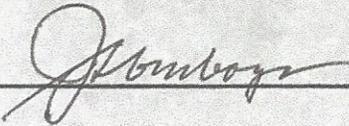

Date


Date

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

CCFFH Name: J. Lombaya Foster Home
 CCFFH Address: 207 K. Iani Place
Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(8) 41(c)	I received a current Blood Borne Pathogen Certifications, and 12 ^o of inservice training fr. CG # 3 I placed them in my CCFFH binder		All certifications for CG #3 was fill and complete my records. Will make sure to check always before Compliance Officer comes or an Announced visit.
5P(b)(2)	I have decreased to 2 clients CCFFH		
5P(b)(1) FIRE	I have scheduled CG #3 to lead a fire drill on 10/19/19		I have assigned CG # 2 to schedule all Fire Drills using all CG's from now on or for the next 12 months. Will make sure CG # 3 participates for the FD exercise for the following Mo's.

Primary Caregiver's Signature: 

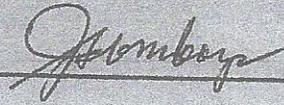
Name: JOCELYN LOMBOYA

Date of Signature: 12/29/19

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

CCFFH Name: J. Lomboya Foster Home
 CCFFH Address: 207 Kilani Place
Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date *Corrected	Prevention Strategy
50(b)(2)	I have sent an Adverse Event form to CMA for client # 2 on 10/19/19.	10/19/19	I will make sure to send A-E for any incident happen for my clients
54(c)(2)	I received an updated SP from CMA # 1 for client # 1, I placed in client # 1 chart		I will follow up CMA to check [redacted] for all clients changes - Spoke to the CMA staff my other chart not due yet for the [redacted] & LMP's July - Jan. - will update.
54(c)(6)	Received Sept - I rec'd all Nursing visit Flow Sheets for client # 1 & # 2 from CMA # 1 I put them in the client's charts.		File in the client Record, will always update assessment.

Primary Caregiver's Signature: 

Print Name: JOCELYN LOMBOYA

Date of Signature: 12/29/19