Foster Family Home - Corrective Action Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

91-1154 Hanaloa Street

Ewa Beach HI 96706

Review ID: 1-558885-6

Reviewer: Julie Hastings

Begin Date: 10/30/2019

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 2 person CCFFH recertification made on 10/30/19 Corrective Action Report issued during home inspection with all items due to CTA by 11/30/19.

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

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

Comment:

8.(a)(1)HHM#3 with no current fingerprinting
8.(a)(1)HHM #2 eCrim expired on 7/20/19
8.(a)(1) HHM #4 with no eCrim
8.(a)(1)CG#3 eCrim expired 9/12/19 OK

8.(a)(2) HHM #3 no APS/CAN
8.(a)(2) CG #3 APS/CAN expired 9/12/19 OK

Foster Family Home **Information Confidentiality** **[11-800-16]**

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) HHM#3 and HHM #4 with no privacy training documentation

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

41.(a)(2) Be a NA, an LPN, or RN;

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2) CG #3 ; CNA license expired 6/8/19
41.(b)(7) PCG , CG#2 , CG#4 with no current TB documentation
41.(b)(8) CG#4 CPR and First Aid expired 2/2/19
41.(b)(8)CG#3 ' Blood Bourne Pathogen expired. Due 9/19/19
41.(c)CG#3 with no training documented for 2019
41.(f)(1 HHM #2 , HHM #3 HHM #4 with no current TB documentation.

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

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(5) 2 smoke detectors with no active battery
49.(c)(3) Freezer in Client portion of home needs to be cleaned out. Frozen blood on bottom.

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

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) Last monthly budget was in February 2019.

Foster Family Home **Records** **[11-800-54]**

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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.(b) There are no PCG notes for Client #1
54.(c)(2) The last service plan on record for Client #1 from CMA #1 was 8/2018
54.(c)(6) last documented visit by CMA #1 was 10/29/2018. No current documentation.

Julie A Hartenstein RN — 10/30/19
Compliance Manager — Date

[illegible] — 10/30/19
Primary Care Giver — Date

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

CCFFH Name: LIZA L. GOZUM ADULT FOSTER CARE
CCFFH Address: 91-1154 HANALOA ST. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a1	HHM #3 APS/CAN on file	11/23/19	Put upcoming expiration date on calendar board. Two months prior to expiration.
8a2	HHM #2 E-Crime on file	10/31/19	Put upcoming expiration date on board 2 months prior to expiration.
	HHM #4 E-Crime on file	10/31/19	Put upcoming expiration date on calendar board. Two months prior to expiration.
	CG #3 APS/CAN on file	11/23/19	Put upcoming expiration date on calendar board 2 months prior to expiration.

Primary Caregiver's Signature: Liza Gozum

Print Name: LIZA GOZUM Date of Signature: 1/9/20

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

CCFFH Name: LIZA L. GOZUM ADULT FOSTER CARE
CCFFH Address: 91-1154 HANALOA ST. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16 b 5	HHM #3 Privacy training and documentation signed on file.	11/1/19	Keep all updates on calendar board. All new CG or HM will be train upon hire or within one week of moving in.
	HHM #4 Privacy training and documentation signed on file.	11/1/19	Keep all updates on calendar board. All new CG or HM will be train upon hire or within one week of moving in.

Primary Caregiver's Signature: Liza Gozum

Print Name: LIZA GOZUM

Date of Signature: 1/9/20

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

CCFFH Name: LIZA L. GOZUM ADULT FOSTER CARE
CCFFH Address: 91-1154 HANALOA CT. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 a 2	CG #3 CNA license expire on 5/31/2021 of file	11/6/19	Put all upcoming expiration dates on calendar board two months prior to expiration.
41 b 8	CG #3 Blood Borne Pathogens expire on 9/7/20 on file	11/6/19	
41 c	CG #3 Privacy Training Documentation signed on file	11/6/19	
41 e	CG #3 12 Hours training completed on file	11/6/19	

Primary Caregiver's Signature: Liza Gozum

Print Name: LIZA GOZUM Date of Signature: 1/9/20

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

CCFFH Name: LIZA L. GOZUM ADULT FOSTER HOME
CCFFH Address: 91-1154 HANALOA ST. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 b 7	PCG TB documentation on file	11/1/19	Put all upcoming updates on calendar board 2 months prior to expiration
	CG #2 TB documentation on file	11/1/19	
	CG #4 TB documentation on file	11/2/19	
41 b 8	CG #4 CPR/First Aid expire 1/31/19-1/30/21 on file	11/2/19	

Primary Caregiver's Signature: Liza Gozum

Print Name: Liza Gozum Date of Signature: 1/9/20

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

CCFFH Name: LIZA L. GOZUM ADULT FOSTER CARE
CCFFH Address: 91-1154 HANALOA ST. EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 f 1	HHM #2 TB documentation on file	11/2/19	Put all upcoming updates on calendar board two months prior to expiration.
	HHM #3 TB documentation on file	11/7/19	
	HHM #4 TB documentation on file	11/2/19	

Primary Caregiver's Signature: Liz Gozum

Print Name: LIZA GOZUM Date of Signature: 1/9/20

Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LIZA L. GOZUM ADULT FOSTER CARE
CCFFH Address: 91-1154 HANALOA ST. EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49 c 3	Blood stained in the freezer cleaned out.	10/30/19	To make sure proper container should be use to hold any leaks.
49 a 5	Installed 2 working smoke detectors in the kitchen and in the back small bar	11/1/19	Smoke detectors will be check and test every first week of the month.
52 b	Monthly budget signed up to present	11/1/19	Separated the form to be at daily chart board so that won't forget. Will update at the end of every month
54 b	Observation notes on file	11/1/19	Keep track every day basis. Will write notes for any change in condition.

Primary Caregiver's Signature: Liza Gozum

Print Name: LIZA GOZUM

Date of Signature: 1/9/20

Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LIZA L. GOZUM ADULT FOSTER CARE
CCFFH Address: 91-1154 HANAUA ST. EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54 c 2	Current Service Plan on file	10/31/19	Put all upcoming updates on calendar board. I make sure each client has new service plan every six months
54c 6	Current CMA monthly visit on file	10/31/19	Ask CMA for a copy of the visit right after everytime. I will get it from case agency.

Primary Caregiver's Signature: Liza Gozum

Print Name: LIZA GOZUM

Date of Signature: 1/9/20