

Foster Family Home - Corrective Action Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

94-238 Pupukui Street

Waipahu

HI 96797

Review ID: 1-560682-9

Reviewer: Julie Hastings

Begin Date: 1/21/2020

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 completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 2/21/2020

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)
PCG APS/CAN lapsed Did 7/18/17, then completed 10/21/19

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#2 has no Confidentiality Training on record in home.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 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.(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.
- 41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
- 41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7)
PCG does not have documentation of TB for 2019. PCG has paperwork for an Exam in 2019, but it does not specify TB status.

CG#3 TB lapsed. Last recorded TB on record is 9/24/2018. No TB for 2019.

41.(c)
PCG with only 7 hours annual training in 2019
CG#2 with only 7 hours annual training in 2019
CG#3 with only 1 hour annual training in 2019
CG#4 with only 3 hours annual training in 2019

41.(g)
CG#3 with no basic skills check off for Client #1

41.(j)
41.(j)(2)

CCFFH with an unapproved Caregiver in the home when CTA arrived. PCG not at home upon arrival.

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)
No RN Delegation for CG#3 for Client #1, Client #2 or Client #3
No RN Delegation for CG#4 for Client #2

Foster Family Home - Corrective Action Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire

No Fire Drill Conducted by CG#3 in 2019. All CG's must lead at least one fire drill per year.

Foster Family Home Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)

Medication record does not match bottles/orders for Client #1 and Client #2

Julie Hastings RN, BSN
Compliance Manager

ERRICA ASIO SA-210
Primary Care Giver

1/21/20
Date

1/21/2020
Date

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

CCFFH Name: Enrica Ario

CCFFH Address: 94-278 Pennsylvania St. Altoona HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a2	laps cannot be correct	1/21/20	I have made a list of all due dates for a month before due dates and put in front of chart.
16b6	HHM #2 signed confidentially training	1/21/20	All HHM's will sign confidentially, within one week after meeting.
41b7	PEG has 2019 TB now in Book laps cannot be corrected	1/22/20	I have made a list of all due dates for a month before due dates and put in front of chart.
41b7	CG # has new TB in Book	1/22/20	I have made a list of all due dates for a month before due dates and put in front of the chart.

Primary Caregiver's Signature: Enrica Ario

Print Name: ENRICA ARIO

Date of Signature: 2/4/2020

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

CCFFH Name: Enrica Asid
 CCFFH Address: 95-238 Populans St. Waukegan HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(c)	Report cannot be corrected	1/24/20	I will put list per Q & B Training on front of chart and check monthly to make sure all caregivers have 12 hrs services each year
41(G)	CG #3 has skills check in chart for all clients	1/24/20	I will have all CG's signed skill check with RN case manager with in 1 month of new client or new caregiver
41(i) 41(j)	cannot be corrected	1/24/20	I will make sure clients are always left with an approved caregiver, I am signing work order to have coverage

Primary Caregiver's Signature: Enrica Asid

Print Name: ENRICA ASID

Date of Signature: 2/4/2020

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

CCFFH Name: - *Enrica Olin*

CCFFH Address: *94-278 Puupukui St. Waiyala HI 96797*

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
<i>43 C³</i>	<i>CG #3 now delegated for client #1, #2, #3</i>	<i>1/24/20</i>	<i>I will make sure all caregivers are delegated within 1 month of here or new client admission</i>
<i>43 C³</i>	<i>Care giver #4 now delegated for client #2</i>	<i>1/24/20</i>	<i>I will make sure all care givers are delegated within one month of here or new client admission</i>
<i>3P(b)6 Fire</i>	<i>cannot be corrected</i>	<i>1/24/20</i>	<i>I will make a calendar on the refrigerator to make sure all care givers's lead at least one fire drill a year</i>

Primary Caregiver's Signature: *Enrica Olin*

Print Name: *ENRICA ASD*

Date of Signature: *2/4/2020*

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

CCFH Name: Eunice Adu

CCFH Address: 94-238 Punguwa St. of Capital #7 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
406	RN case manager's reconciled medication for client # 1 & # 2 Provided new medication records	1/22/2020	Will have RN Reconcile medications monthly.

Primary Caregiver's Signature: Eunice Adu

Print Name: ENRICA ASIO

Date of Signature: 2/4/2020