

Foster Family Home - Corrective Action Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN

Review ID: 1-510166-6

94-125 Pahu Street #9

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/18/2020

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

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

Comment:

Annual home visit for a 2 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 4/18/2020.

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

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)- APS/CAN lapsed on 2/14/19 and renewed on 3/1/19 for CG#3.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- TB clearances expired on 2/28/2020 for CG#1 for CG#3 expired on 3/5/2020 and for CG#4 expired on 2/22/2020. No renewals seen in home binder.

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 on Basic Skills Checks and Oral/Suppository Medications done for CG#2, CG#3, and CG#4 on Client #1. For Client #2 there was no RN delegation on Wound Care (left heel ulcer) done for CG#1, CG#2, CG#3, and CG#4.

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

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(6)- Emergency exit door located near clients' bedrooms was obstructed with a large geriatric wheelchair.

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Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed CCFFH Admission Policy and Agreement for Client #1 upon admission to home.

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(1) Client's vital information;

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

Comment:

54.(b)(1)- Client #1's chart was disorganized and missing documents- Service Plans, Face/Information Sheet from current CMA, CMA RN visit/admission notes, MD orders, etc.

54.(c)(1)- Client #1's Face Information Sheet was from the previous Case Management Agency and previous caregiver's information. None seen from the current case management agency.

54.(c)(2)- No Service Plan seen in Client #1's chart.

Margaret Makamine, MS

Compliance Manager

Annabelle Rice

Primary Care Giver

3/18/2020

Date

3/18/2020

Date

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

CCFFH Name: Annabelle RielCCFFH Address: 94-125 Pahu Street, #9, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	CG#1 showed CTA compliance manager the current APS/CAN for CG#3 during home inspection. Results were filed in home binder.	3/18/2020	Home will use calendar to schedule due dates 2-3 months in advance to prevent future lapse.
41(b)(7)	TB clearance was obtained for CG#1. TB clearance was obtained for CG#2. TB clearance was obtained for CG#3. TB clearance was obtained for CG#4. All TB clearances were filed in home binders.	4/2/2020 3/20/2020 4/13/2020 3/31/2020	House will use spreadsheet on home binder to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
43(c)(3)	RN delegation was done for CG#2, CG#3 and CG#4 by client CMA. It was placed into client's record.	3/3/2020	Home will notify client CMA that RN delegation needs to be performed 7 days to all caregivers. Home will develop a calendar in the front of the personnel binder with all due dates.
	Client #2 RN delegation was done on wound care for CG#1, CG#2, CG#3 and CG#4.	4/2/2020	Home will notify client's CMA that RN delegation needs to be performed within 7-10 days to PCG and SCGs. Home will develop a calendar in the binder with all the due dates.
49(a)(6)	Always clear hallways and exit doors for any unobstructed object to avoid hazard during emergency need.	3/19/2020	In the future, all household members must be reminded and educate them during their monthly meetings about pathways always being cleared. Do spot checks every time.

Primary Caregiver's Signature: Annabelle RielPrint Name: Annabelle RielDate of Signature: 4/13/2020

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

CCFFH Name: **Annabelle Riel**

CCFFH Address: **94-125 Pahu Street, #9, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53(a)	Called and faxed family regarding policy and agreement for admission and explained to them the details. Return fax with signature and filled in client's binder.	4/3/2020	Home will notify family within 7 days with CTA visit. Home understands that Admission policy and procedures must be signed by both parties (client's representatives and caregivers) on the day admission to prevent misunderstanding on what both parties agreed upon.
54(b)(1) 54(c)(1) 54(c)(2)	Called CMA regarding missing documents in the chart. RN visited and organized those things in the binders.	3/31/2020 3/21/2020	Home will notify CMA regarding missing documents within 7 days. Home will develop a calendar in front of client's chart as a reminder to keep calling and to get them done before due date.

Primary Caregiver's Signature: ABRiel

Print Name: Annabelle Riel

Date of Signature: 4/13/2020