

Foster Family Home - Corrective Action Report

Provider ID: 2-170010

Home Name: Cecilia Gancinia, CNA

Review ID: 2-170010-4

44-252 Hoolauae Street

Reviewer: Lori O'Keefe

Honoka'a HI 96727

Begin Date: 2/4/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Unannounced annual inspection of this 2 bed home.

The only client in the home is in the care of a care giver that has not been approved by CTA. See section 41.e. A CTA approved CG arrived to the home within 1.5 hours.

A corrective action report (CAR) was issued on 2/13/20 upon a revisit to the home to meet with PCG regarding CAR. A written corrective action plan (CAP) is due to CTA no later than 3/13/2020.

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, 8.a.2 - CG2 had a lapse of the second consecutive APS/CAN/Fingerprints. This was due by 5/22/18 but not done until 6/28/18.

CG3 had a lapse of the second consecutive APS/CAN/Fingerprints. This was due by 5/8/18 but not done until 7/2/18.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.b.4 - CG3 has no disclosure form on file.

41.b.5 - CG2 does not drive for the home and there is no alternative transportation plan in place.

41.b.7 - CG2 had a lapse in the TB clearance. This was due by 8/18/19 but not done until 10/4/19.

41.b.8 - CG3 has expired bloodborne pathogen training. There is no current BBP on file.

41.c - CG2 only has 1.5 of 8 hours required annual education.

CG3 only has ~~1~~ of 8 hours required annual education.

2 hr RN / CG

41.e - CG2 and CG3 do not have CTA approval forms on file. Was able to confirm CTA approval for CG2 only. The CG present is related to CG2. The CG was able to answer questions regarding emergency care and clients needs. The client is alert, oriented, able to make needs known, and fairly independent. The client is comfortable with the care giver.

CG2 was notified and arrived at the home in 1.5 hours.

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)(5) Medication schedule checklist;
- 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 - Clients current service plan has not been signed by the client. The service plan does not address [REDACTED]

54.c.5 - Medication administration record has not been initiated for February 2020, therefore there is no daily documentation of medications being administered/taken. Per CG and client, client self manages and takes own medications.

54.c.6 - The monthly RN assessment notes do not address the [REDACTED]

Lori O'Keefe RN
Compliance Manager

Cecilia L. Garcia
Primary Care Giver

2/13/2020
Date

2/13/2020
Date

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

CCFFH Name: Cecilia D. Gancinia

CCFFH Address: 44-252 Hoolauae St. Honokaa, Hawaii 96727

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1 8.a.2	Both lapse cannot be corrected on APS/CAN. CG ² , CG ³	2/16/20	APS/CAN should be taken one month early before it's due. Written reminder on calendar, to avoid lapse. This is critical due to direct contact with our clients as caregivers. To avoid perpetrator working with vulnerable patients.

Primary Caregiver's Signature: Cecilia D. Gancinia

Print Name: Cecilia D. Gancinia

Date of Signature: 2.20.2020

3/2/2020 cg #3 has never been approved by CTA. Met requirements for HFM.

PCG did obtain/submit all requirements for less than 3hr caregiver. CTA will approve. L. O'Keefe RN, CTA

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

CCFFH Name: **Cecilia D. Gancinia**

CCFFH Address: **44-252 Hoolauae St. Honokaa ,HI 96727**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.4	A CG3 disclosure form is signed by CG3 on file. It's in the provider binder now.	2/13/20	CG3 disclosure form should always be on file in the provider binder, when CTA check should be seen and all signed.
41.b.5	Alternate transportation plan is being signed by CG3 as the alternate driver , its on file.	2/13/20	Alternate transportation plan form should be on file on binder to show who is approved driver for client if PCG is on vacation or on sick leave.
41.b.7	TB test clearance obtained for CG2. It was placed into home record.	2/20/20	Home will use calendaring to identify requirements that are due in two months to renew yearly TB tests.
41.b.8	Taking Bloodborne Pathogen inservice required to put in record for CG3	2/15/20	Bloodborne Pathogen requirements is taken yearly before its expired by calendaring to alert us all for renewals.
41.c	CG2 and CG3 has taken required number of hours for annual education required as SCG in the CCFFH.	2/15/20 2/23/20	The annual inservice education of the SCG will be done from now on punctually.

Primary Caregiver's Signature: *Cecilia D. Gancinia*

Print Name: CECILIA D. GANCINIA

Date of Signature: 2-20-2020

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

CCFFH Name: **Cecilia D. Gancinia**

CCFFH Address: **44-252 Hoolauae St. Honokaa, Hawaii 96727**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.e	CG2 was advised for corrections reminded for HAR to apply its laws. CG2 will cover PCG responsibilities while PCG is away, as CG2 approved CTA caregiver.	2/13/20	CG2 as CTA approved has to stay with the clients all the time while on duty. PCG will try to get a second CG that CTA approved on file.
54.c.2	Client has able to sign current service plan, it is now corrected which is on binder.	2/13/20	The service plan should be signed by all concerned. Will call the attention of monitoring RNCMA to sign punctually.
54.c.5	CG2 has given instructions to initial MAR after client took the medications. There is mandatory inservice for MAR which SCG has taken. All meds checklists that are scheduled should be initialed.	2/14/20	Reenforced instructions to CG2 that all should be done in according to policies and regulations. It should be initialed everyday after giving meds to the clients.
54.c.6	CMA assessment notes address the [redacted] and [redacted] monthly RN assessment.	2/15/20	Will call the attention of the monitoring RNCM to document monthly assesment and [redacted] on the chart.

Primary Caregiver's Signature: *Cecilia D. Gancinia*

Print Name: Cecilia D. Gancinia

Date of Signature: 2-20-2020