

# Foster Family Home - Corrective Action Report

Provider ID: 1-160012

Home Name: Debra Lynn Alexander, CNA

599 Hoomoana Street

Pearl City

HI 96782

Review ID: 1-160012-5

Reviewer: Julie Hastings

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)- Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 3/6/2020.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

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.

Comment:

41.(c)  
CG#1 did not complete 12 hours of annual training in 2019.

41.(g)  
No RN skills check for CG#1 and CG#2 for Client #1

### 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  
There was no Client/Staff sign out documentation available for 2019.

# Foster Family Home - Corrective Action Report

**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#1 and CG#2 for Client #1

**3 Person Fire Safety, Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire

shall be conducted monthly

(3P)(b)(6) Fire

shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire

(3P)(b)(6) Fire

No Fire Drills since April 2019.

No Fire Drill lead for CG#2

**Foster Family Home**

**Medication and Nutrition**

**[11-800-47]**

47.(d)(1)

By order of a physician;

Comment:

47.(d)(1)

No MD order for restraints for Client #1

**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)

No budget for 2019 in the home. CG#1 unable to provide bank statements or Tax returns.

# Foster Family Home - Corrective Action Report

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)  
Last Service plan for Client #1 was 11/29/2018. Service plans should be updated every 6 months. There is no provision for restraints in the service plan.

54.(c)(5)  
Last entry in Client #2 Medication Administration record was January, 20, 2019.

54.(c)(6)  
Client #1 missing RN Assessment sheets for September, October, November, and December 2019.

Julie A. Hastings BSN, RN  
Compliance Manager  
[Signature]  
Primary Care Giver

2/4/2020  
Date  
2/4/2020  
Date

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

CCFFH Name: Debra Alexander

CCFFH Address: 599 Hoomoana st. Pearl City, 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43. (c)(3)	RN delegation has been discussed and reviewed with CG#1 and CG#2 for client #1, by clients CMA. It has been placed into the clients records.	03/03/20	Home will notify clients CMA that RN delegation needs to be performed within XX days of a caregiver being added to the home. Home has developed a calendar in the front of the personal binder with all due dates.
(3p)(b)(1) (3p)(b)(6)	<i>Lapse cannot be corrected.</i> Updated fire drill has been conducted by CG #1. Form has been put into home binder. Fire drill has been conducted by CG#2 for Feb 2020. Form has been put into home binder.	02/07/20	Fire drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator.
47.(d)(1)	MD order form has been updated by physician for bed restraints for client #1.	02/07/20	Home reviewed CCFFH guidelines on restraints and will check for any updates or MD orders needed every month.
52.(b)	A copy of budget form for 2019 has been updated and placed into the home binder.	02/07/20	Caregiver #1 will keep track of funds in personal binder and create a budget form of monthly expenses and funds.
41.(c)	CG #1 has signed up for in-service training at CNA school to complete 12 hrs needed. <i>FOR 9020</i>	02/10/20	CG#1 and CG#2 will both have a calendar of all deadlines and due dates including when their in-services need to be updated. A reminder will be set in iPhone, to notify when in-service training is about to expire.
41.(g)	Met with client #1 CMA to update RN skills checklist for CG #1 and CG#2.	03/04/20	Will remind nurse to double check for skills checklist at the time of CMA monthly visit.
(3p)(b)(2)	Cannot be corrected. Sign-in and out sheet will be placed Somewhere convenient to sign in and out.	02/07/20	House understands the client/staff sign-out documentation needs to be available. CG#1 will have multiple copies of form together on a clipboard on the bookshelf with clients medications and binders.

Primary Caregiver's Signature: 

Print Name: Debra L. Alexander

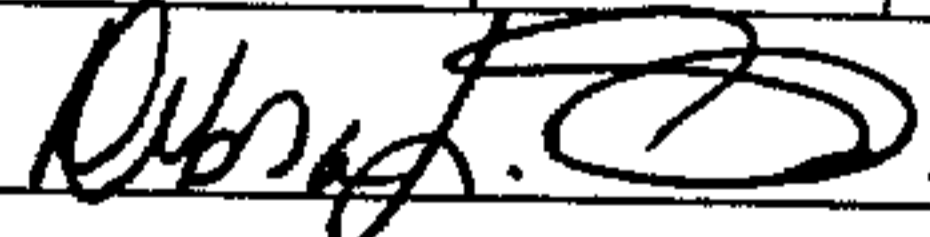
Date of Signature: 3/6/2020

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

CCFFH Name: Debra Alexander

CCFFH Address: 599 HOOMOANA ST. PEARL CITY, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(2)	Service plan for client #1 has been updated by CMA and filed in the clients binder.	02/07/20	Service plans have been noted on calendar to be updated every 6 months. CG#1 and CG#2 will double check CMA forms needed when they come in to do monthly visit.
54.(c)(5)	Medication administration record has been updated by CMA for client #2 and has been filed in the clients binder.	02/29/20	Caregivers will notify CMA immediately for changes to medication log, and have them fax updated logs.
54.(c)(c)	Met with CMA for client #1 and found missing RN assessment forms for September, October, November, December 2019. Assessments have been filed into clients binder.	03/03/20	When CMA comes to do monthly visit, care givers will make sure that client assesment is filed at the time of visit. Or if nurses need more time, caregivers will also follow-up with CMA to have assesments faxed to carehome.

Primary Caregiver's Signature: 

Print Name: Debra Alexander

Date of Signature: 3/6/2020