

# Foster Family Home - Corrective Action Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

91-471 Fort Weaver Road

Ewa Beach

HI 96706

Review ID: 1-120007-9

Reviewer: Maribel Nakamine

Begin Date: 1/30/2020

## 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 completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/28/2020.

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), (2)- CG#1 and CG#2's Ecrim expired on 1/11/2020. APS/CAN for CG#1 expired on 1/22/2020 no renewal seen in home binder, CG#2's APS/CAN expired on 1/16/2020 and also no renewal seen in home binder.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

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.

Comment:

41.(b)(8)- CG#1 and CG#2's Blood borne pathogen training expired on 1/16/2020. No renewal certificate seen in home binder.

41.(c)- CG#1 and CG#2 both have 6 hours of annual in-service training.

## 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 delegations done for CG#1 and CG#2 on [REDACTED] for Client #1.

# Foster Family Home - Corrective Action Report

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

Comment:

- 49.(a)(6)- Wheelchair ramp is obstructed with big boxes and clutter.  
49.(c)(3)- Noted clutter inside the home- living room, kitchen, and dining areas.

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.(b)(1) Permit effective professional review by the case management agency, and the department; and  
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), (1)- Client #2's chart/binder is disorganized. Forms/documents were not properly and orderly organized/filed in proper tabs/places.  
54.(c)(2)- Client #1's Service Plan expired on 8/1/19. No current one seen in client's binder/chart.  
54.(c)(6)- No observation/progress notes entry/charting since 1/1/19 for Client #2. Also for Client #2- there were several monthly RN visits notes missing- 4/2019, 5/2019, 6/2019, 8/2019, 9/2019, 10/2019, 11/2019 and 12/2019.

*Shavital Nathani*  
Compliance Manager

Date

*1/30/2020*

*[Signature]*  
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: Denise Marie Tarleton Yoshida  
 CCFFH Address: 91471 Fort Weaver Rd, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) 8.(a)(2)	criminal history checks were acquired and placed in home binder for cg1 and cg2 aps/can clearance was acquired and placed in home binder for cg1 and cg2	2/13/2020 2/13/2020	<p>PCG has developed a calendar with due dates 2 weeks prior to expiration. It is posted in plain sight to assure prompt renewal prior to expiration of criminal history and APS/CAN clearance.</p> <p>PCG will promptly place blood borne pathogen training certificates in binder as soon as they are acquired in order to allow review of home binder efficiently and in a timely manner.</p> <p>PCG certificates will be placed in home binder upon receipt.</p> <p>delegations by m will be performed at time of the task being ordered as implemented in service plan</p> <p>Home will keep wheelchair ramp clear of obstructions.</p> <p>home will not facilitate painting of walls due to inability to do without cluttering another area.</p> <p>client 2 binder will stay organized and documents in their proper place by placing documents in binder when received and replacing promptly when removed.</p> <p>request service plan from cma prior to expiration.</p> <p>PCG will make notes into clients binder and not on computer.</p>
41.(b)(8)	blood borne pathogen certificates were retrieved from the cabinet and placed in home binder for cg1 and cg2.	2/15/2020	
41.(c)	certificates were located and placed in binder for cg1 and cg2.	2/25/2020	
43.(c)(3)	m delegations done for cg1 and cg2 for [REDACTED]	3/3/2020	
49.(a)(6)	boxes were removed from wheelchair ramp area.	3/4/2020	
49(c)(3)	removed clutter from Livingroom, kitchen and dining area (painting completed).	3/3/2020	
54(b)(1)	client 2 binder was organized and documents placed in proper location.	3/4/2020	
54(c)(2)	Called cma for service plan. cma said it is in route.	3/3/2020	
54(c)(6)	pcg has updated, retrieved notes for client 2 from computer and placed in binder.	2/2/2020	

Primary Caregiver's Signature: 

Print Name: Denise M. Tarleton Yoshida

Date of Signature: 3/21/20