

Foster Family Home - Corrective Action Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA

Review ID: 1-160005-5

2025 Uhu Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 2/3/2020

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 2 person CCFFH recertification.
Corrective Action Report issued during home inspection with all written corrections due to CTA by 3/5/2020.

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)

CG#1 and CG#2 e-Crim Lapsed was last done 1/25/18. Was due on or before 1/25/2020.

8.(a)(2)

Cg#1 and CG#2 APS/CAN Lapsed. Last done 1/17/2018. Was due on or before 1/17/2020

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

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)
No Smoking policy available in the home

Foster Family Home **Quality Assurance** **[11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)
50.(e)(1)

Home not prepared for Review. Documents missing and not in an order to review.

Foster Family Home **Insurance Requirements** **[11-800-51]**

51.(a)(1) General;

Comment:

51.(a)(1)
No current liability insurance. Last was 1/2/2019.

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.

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(a)
No policy and procedure or admission policy available in the home.

53.(b)(9)
Under the my choice, my way MedQuest rules, clients must be able to lock their bedroom and bathroom doors for privacy. Client #1's bedroom door cannot be locked or unlocked by client.

53.(b)(15)
No visiting hour policy in the home

Foster Family Home - Corrective Action Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;
- 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.(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.
- 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.(a)(2)
No Current RN documentation for CG#2 last expired 6/30/2019.
- 41.(b)(5)
CG#1 without proof of coverage. No Property damage on statement.
- 41.(b)(7)
CG#1 TB lapsed. Last was done 9/20/2018.
CG#2 TB lapsed. Last was done 3/17/2017
- 41.(b)(8)
CG#1 and CG#2 Bloodborne Pathogen lapsed. Last was 1/10/2018. Was due on or before 1/10/2019 and again on or before 1/10/2020.
- 41.(c)
CG#2 has no annual training documentation available in the home.
- 41.(g)
CG#2 has no RN Skills Check for Client #1

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 present for CG#2 for Client #1

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Foster Family Home

Records

[11-800-54]

54.(b)(1)

Permit effective professional review by the case management agency, and the department; and

Comment:

54.(b)(1)

CCFFH record binder not initially available for review upon entry to the home. Paperwork incomplete and out of order.

Alejo Martinez RN, BSN

Compliance Manager

Date

2/3/2020

Edwin J. Ompilla

Primary Care Giver

Date

2/3/2020

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

CCFFH Name: Eden J. Orpilla
 CCFFH Address: 2025 Uhu Street, Honolulu, HI 96819

Rule Number	Correction Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	CG #1 and CG #2 E-Crim Lapse cannot be corrected. New is completed and up to date. Filed in binder.	2/25/20	CG #1 will mark record list with due date Notify Substitute and will file when completed. CG #1 will review record list every 3 months.
8.(a)(2)	CG #1 APS/CAN Lapse cannot be corrected. New is completed and up to date. Filed in binder.	2/25/20	A record list of all certificates with due dates will be review and updated by caregiver every 3 months.
41.(a)(2)	CG #2 RN license documentation is current and filed.	2/3/20	CG #1 will notify prior to expire of documentation. Current documentation will be reviewed and filed in binder.

Primary Caregiver's Signature: Eden J. Orpilla
 Print Name: Eden J. Orpilla Date of Signature 3/18/2020

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

CCFFH Name: Eden J. Orpilla

CCFFH Address: 2025 Uhu Street, Honolulu, HI 96819

Rule Number	Correction Action Taken	Date Corrected	Prevention Strategy
41.(b)(5)	Vehicle for transportation is covered by insurance. Property damage is covered [REDACTED] and bodily injury is [REDACTED]	2/3/20	When vehicle insurance is renewed PCG will update and file new policy in binder.
41.(b)(7)	CG #1 and CG #2 TB is current and up to date. Filed in binder.	2/24/20	PCG will review due dates and will notify prior to due date. PCG will review every 3 months. File document in binder when received.
41.(b)(8)	CG # 2 Blood borne Pathogen documents reviewed, completed and filed in binder.	2/3/20	When in-service is completed, CG #1 will file in binder.
41.(c)	All training documentation for CG #2 are completed and filed in binder	2/3/20	All training documents will be done prior to due date and documents will be collected and filed.

Primary Caregiver's Signature: Eden J. Orpilla
 Print Name: Eden J. Orpilla Date of Signature 3/18/2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
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 Chapter 17-1454

CCFFH Name: Eden J. Orpilla

CCFFH Address: 2025 Uhu Street, Honolulu, HI 96819

Rule Number	Correction Action Taken	Date Corrected	Prevention Strategy
41.(g)	CG #2 RN skills check is completed. It is up to date, reviewed documented and filed in binder	2/3/20	Charts will be reviewed every month to assure all required skills are being checked, reviewed and signed off.
43.(c)(3)	CG #2 delegations, is completed. It is up to date, reviewed, documented and filed in binder	2/3/20	Charts will be reviewed every month to assure all required skills are being checked, reviewed and signed off.
49.(e)	Home is a no smoking property. Policy and Procedure is in binder.	2/3/20	Policy is available and in caregiver binder. Document will be reviewed every 3 months.
50.(e)(1)	CCFFH binder is updated and complete.	2/3/20	Binder is accessible at all times in the living room. CG # 1 will review and update binder every month.

Primary Caregiver's Signature: Eden J. Orpilla
 Print Name: Eden J. Orpilla Date of Signature 3/18/2020

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

CCFFH Name: Eden J. Orpilla

CCFFH Address: 2025 Uhu Street, Honolulu, HI 96819

Rule Number	Correction Action Taken	Date Corrected	Prevention Strategy
51.(a)(1)	Liability Insurance is current and filed in binder.	2/3/20	CG # 1 will check record list every 3 months and update documents. File new documents.
53.(a)	Written Policy and Procedure in binder available with extra copies.	2/3/20	Primary caregiver has a master copy in binder and an extra copy to give during an admission and/or when requested.
53.(b)(9)	Clients' doors to room has locks for privacy.	2/3/20	CG #1 has spare key to client's room. CG #1 will inspect door daily.
53.(b)(15)	visiting hour policy updated	2/3/20	Visitors are allowed to visit at any time. Under the my choice, my way.
54.(b)(1)	CCFFH record binder is in order and completed. Binder is accessible in living room.	2/3/20	Binder will be reviewed every month and updated by Primary caregiver. Binder is accessible in living room,

Primary Caregiver's Signature: Eden J. Orpilla

Print Name: Eden J. Orpilla

Date of Signature 3/18/2020