

Foster Family Home - Corrective Action Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

94-409 Kipou Street

Waipahu HI 96797

Review ID: 1-620808-6

Reviewer: Julie Hastings

Begin Date: 3/19/2020

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 4/19/2020.

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 e-Crim lapsed. Was done 3/9/2018. Was due on or before 3/9/2020. Was done 3/17/2020.

CG#3 e-Crim lapsed. Was done 3/6/2018. Was due on or before 3/6/2020. Was done 3/16/2020.

HHM#2 Fingerprinting lapsed. Was done 4/5/2018. Was due on or before 4/5/2019. Was done 4/20/2019.

8.(a)(2)
CG#1 APS/CAN lapsed. Was done 10/6/2017. Was due on or before 10/6/2019. Was done 11/20/2019.

CG#3 APS/CAN lapsed. Was done 3/8/2018. Was due on or before 3/8/2020. Was done 3/13/2020.

HHM#2 APS/CAN lapsed. Was done 4/5/2018. Was due on or before 4/5/2019. Was done 4/20/2019.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)
CG#2, CG#4, HHM#1 and HHM#2 have not signed privacy/confidentiality agreement.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)
CG#3 TB lapsed. Was done 1/7/2019. Was due on or before 1/7/2020. Was done 1/10/2020.

41.(b)(8)
CG#3 first AID/CPR lapsed. Was done 1/11/18. Was due on or before 1/11.2020. Was done 1/18/2020.

41.(c)
CG#2 had only 8 hours annual training for 2019.
All caregivers in a 3 client home must have a minimum of 12 hours annual training or 24 hours in 2 years.

41.(f)(1)
HHM#1 TB lapsed. WAS done 4/12/2018. Was due on or before 4/12/2019. Was done 4/29/2019.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire

No Firedrill led by CG#2 or CG#4 in 2019. All CG's must lead a minimum of one fire drill each year.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)

Medication Administration Record does not match bottles and MD orders for Client #1 or Client #3.

Julie Hastings BSN, RN
Compliance Manager

[Signature]
Primary Care Giver

3/19/2020
Date

3/19/2020
Date

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

CCFFH Name: Elena Sevilla
 CCFFH Address: 44-409 Kipou St., Waipahu, HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a.1	Lapsed can't be corrected	3/19/2020	Calendar reminder in a binder for 2 months prior to expiration.
8a.2	Lapsed can't be corrected	3/19/2020	
16.b5	CG#2, CG#4, HHM#1 and HHM#2 have signed privacy agreement	3/23/20	Required all caregivers and household members to sign privacy agreement within 1 week of working or moving in.
41b7 41b8 41f1	Lapsed can't be corrected	3/19/2020	Calendar reminder in a binder for 2 months prior to expiration.
41c	Lapsed can't be corrected	3/19/2020	Calendar reminder set for 3 months before the end of the year.

Primary Caregiver's Signature: Elena Sevilla

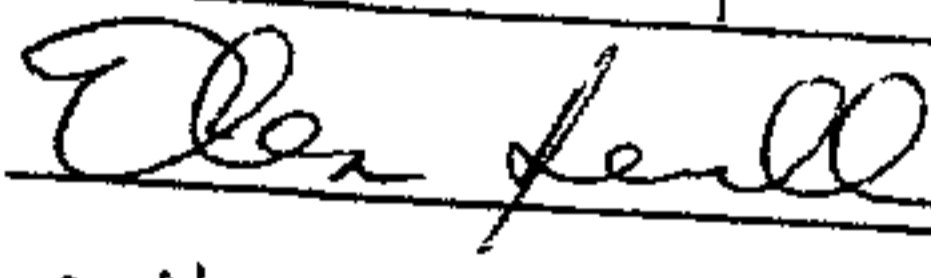
Print Name: Elena Sevilla

Date of Signature: 3/23/2020

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

CCFFH Name: Elena Sevilla
 CCFFH Address: 94-409 Kipou St., Waipahu, HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
3Pb6Fire	Issue can't be corrected	3/19/2020	Home requires all caregivers to lead one fire drill a year scheduled place in a binder
54 c 5	Medication Record for client #1 + #3 now up to date	3/23/20	Have RN Case Manager review record monthly.

Primary Caregiver's Signature: 

Print Name: Elena Sevilla

Date of Signature: 3/23/2020