

Foster Family Home - Corrective Action Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-7

1902 Koa'e Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 8/5/2020

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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/5/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired: CG#1/CG#2 due 7/11/20, CG#4/CG#5 due 6/13/20

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 - Not using 3 Client-Sign out record

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - Documentation not present for fire drills completed from 2/20 through 7/20

Foster Family Home Records [11-800-54]

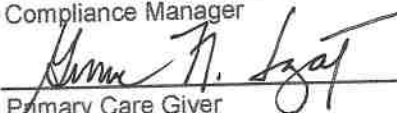
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6)- Client #2-Service plan dated 12/2019, missing 6 month update due 6/2020.
Client #2 - Missing CM note from 12/19, 1/20 and 2/20



Compliance Manager



Primary Care Giver

8/5/2020

Date

8/5/2020

Date

8/5/2020 23:31 PM

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Genoveva Lagat
(PLEASE PRINT)

CCFFH Address: 1902 Koa'e Place, Wailuku, HI 96793
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(2)	APS/CAN expired: CG#1: [REDACTED] 7/11/20 CG#2: [REDACTED] 7/11/20 CG#4: [REDACTED] 6/13/20 CG#5: [REDACTED] 6/13/20	8/04/20 8/04/20 6/29/20 6/29/20	Spreadsheet has been developed and created to monitor expiration dates of documents required for each caregiver. This will show a quick glance of when each document is due. Thus, allow to act accordingly to update document before it expires.
(3P)(b)(2)	Staff not using 3 Client-Sign out record	8/05/20	Effective immediately, the "3 Bed Certified CCFFH Sign In Sheet" has been set up in binder for ease of use and is readily to fill.
(3P)(b)(1)	Documentation not present for fire drills from 2/20 -7/20	8/12/20	Documentation was misfiled. Fire Drill form is set up in same binder as "3 Bed Certified CCFFH Sign In Sheet." This will prevent future mis-filing.
54.(c)(6)	Client #2, Service plan dated 12/20/19, missing 6 month update due 6/20. Client #2 Missing CM note from 12/19, 1/20, and 2/20	8/14/20 8/14/20	Remind CM nurse of Service Plan before due date. Continue monitor and notify CM nurse regarding missing notes, if any, during monthly home visits.

All items that were fixed are attached to this CAP
PCG's Signature: [Signature]

Date: 8/20/2020

CTA has reviewed all corrected items