

Foster Family Home - Corrective Action Report

Provider ID: 1-515281

Home Name: Henry Caddali, CNA

Review ID: 1-515281-6

2332 Pio Place

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 1/28/2020

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 2/28/2020

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;

Comment:

8.(a)(1)
CG#1 e-Crim lapsed. last was 11/10/2017. Was due on or before 11/10/2019.

Foster Family Home Personnel and Staffing [11-800-41]

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.(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.(b)(5)
CG#1 Auto insurance expired 4/4/2019. No current auto insurance on file.

41.(b)(7)
CG#1 TB lapsed. Last was 1/14/2019. Was due on or before 1/14/2020

41.(c)
CG#3 has only 8 hours annual training for 2019. All Caregivers in a three client home are required to have 12 hours of annual training.

41.(g)
CG#3 does not have RN skills check for Client #1

Foster Family Home - Corrective Action Report

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
Client/staff sign in sign out forms are not complete. Last is for October 2019.

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)
CG#3 does not have RN delegation for Client #1 or Client #2.

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
No Fire Drill documentation for November or December 2019.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
No current general liability insurance. Liability expired 12/31/2019.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)
Client #1 with medication discrepancy. Medication Administration record does not match order or prescription bottle.

54.(c)(5)
Client #3 Medication Administration Record incomplete. Last entry was 1/8/2020.

Julie A. Hastings RN, RSN
Compliance Manager
Okoddasi
Primary Care Giver

1/28/2020
Date
1-28-2020
Date

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

CCFFH Name: **HENRY CADDALI**
 CCFFH Address: 2332 Pio Place, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(C)(5)	New medication administration (MAR) for client # 1, and #3. _____, was obtained and placed on her chart and reconciled by RN	2/1/20	Monthly medical reconciliation to be done by assigned RN
54(c)(5)	signed by caregiver as soon as noted.	1/28/20	medication administration will be updated daily for each client
8(a)(1)	lapse can't be corrected and a new e-crime obtained	2/9/20	calendar for all caregivers hanged on the wall in front of the computer for reminders of upcoming requirements 2 months prior to expiration
41(b)(5)	lapse can't be corrected-new auto insurance obtained	2/1/20 new issued on 8/30/19	
41(b)(7)	lapse can't be corrected-new TB clearance obtained	2/21/20	calendar for all caregivers expiration dates of requirements 2 months prior to expiration hanged on the wall in front of the computer.

Primary Caregiver's Signature: *Henry Caddali*

Print Name: Henry Caddali

Date of Signature: 02/24/2020

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

CCFFH Name: **HENRY CADDALI**
 CCFFH Address: 2332 Pio Place, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 (c)	lapse can't be corrected	1/28/20	Reminders for all training for all caregivers should be put in front of charts or requirement's binder. all caregivers are requested to have skill checks/RN delegation within 30 days of new client/admission
41(g)	CG #3 has skills check now on file on chart	2/1/20	

Primary Caregiver's Signature: *Henry Caddali*

Print Name: henry caddali

Date of Signature: 02/24/2020



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

CCFFH Name: HENRY CADDALI
 CCFFH Address: 2332PIOPLACE HON. HI.96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P)(b) (2)	Lapse can't be corrected	2/1/2020	new sign in/sign out was hanged in front of the commuputer and all caregivers will be requested to signat bthe beginning and end of shift.
43(c)(3)	SCG#3obtained delegationfor clinet 1and 2	2/2/20	All caregivers are requested to have skill check/RN delegation within 30 days of old or new client on admission
(3)(B)(1) Fire	Lapse can't be corrected	1/29/20	Fire drill schedule for the year 2020 with the name of the caregiver that will perform the drill is being posted on the refrigerator.
51(a)(1)	lapse cannot be corrected new liability ins. in Binder	2/13/20	A calendar was hanged on the wall in front of the computer for all upcoming expirations

Primary Caregiver's Signature: Henry Caddali

Print Name: Henry Caddali

Date of Signature: 02/24/2020