

# Foster Family Home - Corrective Action Report

Provider ID: 1-170083

Home Name: Kristine May Anloague, NA

Review ID: 1-170083-4

94-1111 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/13/2020

## 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 3/13/2020.

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)- APS/CAN/Fingerprint expired on 1/17/20 and no renewal seen in home binder for CG#1. CG#2's APS/CAN expired on 1/14/17 and Ecrim expired on 1/18/20 and no renewal seen in home binder. CG#3's APS/CAN/Fingerprint expired on 7/18/19 and no renewal seen in home binder. For HHM#3's APS/CAN/Fingerprint expired 1/17/19 and no renewal seen in home binder. For HHM#4, HHM#5, HHM#6, HHM#7, and HHM#8- all have no APS/CAN/Fingerprint results seen in home binder.

## 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)- No confidentiality/privacy rights training done by CG#1 for HHM#4, HHM#5, HHM#6, HHM#7, and HHM#8.

## 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.

Comment:

41.(b)(7)- TB clearances expired for CG#3 on 1/24/19 and HHM#3 on 2/13/20. For HHM#4, HHM#5, HHM#6, HHM#7, and HHM#8- all had no TB clearances result seen in home binder.

41.(b)(8)- No basic first aid training/certification seen for CG#3 in home binder.

## Foster Family Home - Corrective Action Report

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 delegation done for CG#3 on Basic Skills Check for Client#2.

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

49 (b)(1)      Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

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

Comment

49 (b)(1)- Client #1 and Client #2 both share a room- no partition/curtain/screen seen in bedroom.

49 (c)(3)- Clients #1 and #2's bedroom windows are obstructed from the outside with a plywood, multiple boxes of dialysate/saline solutions, and bags of diapers preventing ventilation of fresh air into clients' bedroom.

Foster Family Home      Records      [11-800-54]

54 (c)(5)      Medication schedule checklist.

54 (c)(8)      Personal inventory.

Comment

54 (c)(5)-Medication discrepancies noted for Client #1- there were 2 medications that were not available that has current MD order and are listed in Medication Administration Record

54 (c)(8)- Personal inventory form is blank in Client #1's chart.

Shavriel Nakrawine, RN  
Compliance Manager

[Signature]  
Primary Care Giver

2/13/2020  
Date  
2/13/2020  
Date

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

CCFFH Name: Kristine May Anloague  
 CCFFH Address: 94-1111 Hoomakoa St, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) 8.(a)(2)	CG#1,CG#2,CG#3 completed the APS/CAN FINGERPRINT. HHM#3,HHM#4,HHM#5,HHM#6,HHM#7 and HHM#8 completed the APS/CAN FINGERPRINT. All resulted in green light determinations. Documents were filed in home binder.	2/27/20	I understand the background check requirements. I will use calendar on iphone to input all due dates 2 months in advance to prevent any future lapses.
16.(b)(5)	Confidentiality/Privacy rights training was done by CG#1 for HHM#4,HHM#5,HHM#6,HHM#7 and HHM#8 signed form was filed in home binder.	2/16/20	CG#1 will do the Confidentiality/Privacy rights training to all new caregivers and household members within 2-3 days of adding them to home.
41.(b)(7)	TB clearance was obtained for CG#3,HHM#3,HHM#4,HHM#5,HHM#6,HHM#7 and HHM#8. Documents were filed in home binder.	3/3/20	I will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: \_\_\_\_\_ 

Print Name: Kristine May Anloague

Date of Signature: 3-8-20

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

CCFFH Name: Kristine May Anloague  
 CCFFH Address: 94-1111 Hoomakoa St, Waipahu HI 97697

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	The First Aid training certification was given to CG#3 on 3/8/20 and i put it in the home binder.	3/8/20	CG#1 will make sure that all the substitute will complete all the requirements.
43.(c)(3)	RN Delegation was done for CG#3 by client's CMA. It was placed into the client's record.	2/18/20	I will notify client's CMA that RN delegation needs to be performed within 2 days of a caregiver being added to the home.
49.(b)(1)	Starting 2/14/20 we put the curtain in the bedroom of the client 1 and client 2.	2/14/20	Home will adhere to client's privacy rights.
49.(c)(3)	All boxes and plywood were removed from client's window.		We will put the box and the plywood in the save storage and we will put note. "Don't block the window".

Primary Caregiver's Signature: 

Print Name: Kristine May Anloague

Date of Signature: 3-8-20

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

CCFFH Name: Kristine May Anloague

CCFFH Address: 94-1111 Hoomakoa St, Waipahu HI 97697

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	2/20/20	CG#1 will check medication orders, bottles, and MAR to ensure that all medications are available on hand. Will notify CMA, Pharmacy and/or doctor to refill current medications.
54.(c)(8)	CG#1 I will check all the belongings to client#1 and put the inventory note to the client #1 binder.	2/16/20	In the future, CG#1 will do the inventory once the client arrive in the home.

Primary Caregiver's Signature: \_\_\_\_\_ 

Print Name: Kristine May Anloague

Date of Signature: 3-8-20