

# Foster Family Home - Corrective Action Report

Provider ID: 2-100096

Home Name: Loriella Fiesta, CNA

Review ID: 2-100096-7

16-2088 Emerald Drive,  
#1184

Reviewer: Lori O'Keefe

Pahoa HI 96778

Begin Date: 2/12/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection conducted on this 3 bed home. A corrective action report (CAR) was issued during the visit with a written corrective action plan (CAP) is due back to CTA before 3/12/2020.

## 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, 8.a.2 -

CG2 had a lapse of the eCrim. Due by 2/2/19, done 3/9/19.

CG3 had lapse of APS/CAN clearance. Due by 5/10/19, done 6/14/19.

CG4 had lapse of APS/CAN clearance. Due by 7/12/19, done 8/18/19.

CG6 had lapse of #2 APS/CAN/Fingerprint clearance. Due by 10/25/19, done 11/21/19.

## 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 - CG5 has no evidence of confidentiality/client privacy rights training in the home binder.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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.3 - CG's 1,3,4 lack documentation of in home experience in the home binder.

41.b.8 - CG2 has no current first aid training on file.

*CGs 3 and 4* do not have current bloodborne pathogen training on file. *Found cg#3 BBP certificate so is current.*

CG5 had a lapse of the CPR/First aid training. Due by 7/2019, done 8/18/19.

CG6 had a lapse of the CPR/First aid training. Due by 11/10/19, done 11/21/19.

41.g - CG4 has not received a basic skills competency assessment to date. Change of CMA resulted in previous skills assessment being removed from the home. CG has not provided care to client thus far.

**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 - Substitute care givers did not conduct any fire drills in 2019.

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 - The home has not initiated February medication administration records or the ADL flowsheets so unable to confirm that medications have been administered as ordered or that personal care assistance has been done per service plan.

*Lori O'Keefe RN*  
\_\_\_\_\_  
Compliance Manager

*Arista*  
\_\_\_\_\_  
Primary Care Giver

*2/12/2020*  
\_\_\_\_\_  
Date

*2.12.2020*  
\_\_\_\_\_  
Date

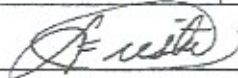
Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Loriella Fiesta

CCFFH Address: 16-2088 Emerald Dr. Pahoa HI 96778

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1, 8.a.2	Lapse cannot be corrected.	2/13/20	Home has made color coded sheet of prior due dates, printed and posted to prevent future lapses.
16.b.5	SCG#5 was trained for confidentiality/client privacy rights. Form is placed in home binder.	2/16/20	Caregiver will keep receiving this training in the future.
41.a.3	Home experience has been documented and placed in the home binder for CG#1 CG#3 and CG#4	2/22/20	Will keep record in home binder and will no longer take it out.
41.b.8	Obtained CG#2 first aid and Bloodborne Pathogen for CG#4 Record is placed in home binder. Lapse cannot be corrected.	2/20/20 2/26/20	Have made color coded sheet to prevent future lapses.

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



Print Name: Loriella Fiesta

Date of Signature: 3-3-20

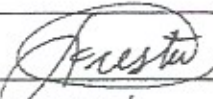


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CCFFH Name: **Loriella Fiesta**

CCFFH Address: **16-2088 Emerald Dr. Pahoa HI 96778**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.g	CG#4 will have RN deligation on the next CMA RN home visit.	2/23/20	Will have caregivers nursing deligation done prior to any care at home.
3p.b.6	CG#3 has conducted a fire drill. Form is placed in home binder.	2/26/20	Home will have each CG conduct a fire drill.
54.c.6	PCG has corrected deficiency.	2/13/20	Created a different folder for Medication administration record and ADL flowsheets only for clients to help prevent same deficiency in the future.

Primary Caregiver's Signature: 

Print Name: Loriella Fiesta

Date of Signature: 3-3-20