Foster Family Home - Corrective Action Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

1522 Gulick Avenue

Honolulu HI 96819

Review ID: 1-510223-6

Reviewer: Julie Hastings

Begin Date: 11/20/2019

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

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

Comment:

Home inspection completed for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA within 30 days.

6.(d)(1)

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) HHM #3,#4, and #5 with no APS/CAN/Fingerprint documented

8.(a)(2)
CG#3 last APS/CAN documented was 11/12/2015. New APS/CAN 9/1/19.
CG#4 last APS/CAN was 11/2/2015. New APS/CAN 9/1/19.
There was almost a 4 year gap. Home unable to provide 2017 documentation for either.

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 privacy training for CG's or HHM's documented. PCG states she has not done.

Foster Family Home - Corrective Action Report

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

41.(a)(2)	Be a NA, an LPN, or RN;
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
41.(b)(5)(C)(iii)	Provide a signed statement indicating no conviction record that may place the client at risk of harm; and
41.(b)(6)	Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2) No current licensure for CG #3. Last license on record expired 2016.
41.(b)(4) No Disclosure form for CG#2
41.(b)(6)- Home has a stairway that leads to an upstairs occupied by additional family members not previously counted as HHM's. PCG understands that she can either add them as HHM's or explore a legal permitted remodel to close the entrance between the two portions of the home.
41.(b)(7) No current TB for CG #3 last TB on record was 5/2/2017

41.(f)(1) HHM #3, HHM #4, and HHM #5 with no TB documentation. PCG had not previously counted them as HHM's

Foster Family Home	Fire Safety	[11-800-46]

46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) last documented Fire Drill was 1/7/2017. Fire Drills are to be conducted monthly. All CG'S must lead at least one Fire Drill Annually.

Foster Family Home	Medication and Nutrition	[11-800-47]

47.(c)	Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No Medication side effects present for Client #1

Foster Family Home	Fiscal Requirements	[11-800-52]

52.(b)	The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No current monthly budget in chart. Last documented was for the year 2017. No documentation for 2018 or for 2019.

Foster Family Home - Corrective Action Report

Foster Family Home	Client Rights	[11-800-53]
53.(b)(9)	Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;	

Comment:

53.(b)(9)-
-Client #1 door lock is backwards, making it so that it only locks from the hallway. Client must be able to lock bedroom door from the inside.

-Bathroom door lock is backwards, and only locks from the hallway. Clients must be able to lock the bathroom door from the inside.

Foster Family Home	Records	[11-800-54]
54.(b)	The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:	
54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;	
54.(c)(3)	Current copies of the client's physician's orders;	
54.(c)(5)	Medication schedule checklist;	
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.(b)- No signed/dated notes/entries by CG's in Client #1chart

54.(c)(2) Service Plan more than 1 year old for Client #2

54.(c)(3)
-No current Physician orders for Client #2. Last orders dated 2017. -New medication bottle for medication Client #2. Medication not on MAR. PCG initially stated "Oh that's an old medication, the client is not taking." Medication bottle has 10/14/19 date on it, and is only one month old. No corresponding Physician order.

54.(c)(5) No October or November MAR in documentation for Client #1 and Client #2. Last documentation was for September 2019.

54.(c)(5) Medication on MAR for PRN for medication for client #1, but no medication on hand in home, and no documentation of medication being discontinued.

54.(c)(6)
-No October or November 2019 flow sheets in documentation for Client #1 or Client #2.
-No August, September, October or November 2019 RN/SW notes for Client #1 or Client #2

Julie A Masters RN, BSN
Compliance Manager

1/10/20
Date

Alma Mateo c/o Teresa Mateo
Primary Care Giver

1/10/20
Date

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

CCFFH Name: Teresa Malev
CCFFH Address: 1522 Gulick Ave. Hon. HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)	I recieved current certificates form three house hold and put them in my binder	12-2-19	I put expiration dates for all house in my computer or calendar for one month prior to expiration
8(a)2	lapse cannot be corrected	11-3-19	Home understand the back ground check requirement need to renew 2 months before expiration.
16(b)5	CG #2 & #3 was trained on confidentiality form was signed	12/6/19	Form placed in the home binder

Primary Caregiver's Signature: Td Malev

Print Name: Teresa Malev Date of Signature: 11-25-20

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

CCFFH Name: Teresa Malu
CCFFH Address: 1522 Gulick Ave, Hon. HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(a)(2)	GG#3 license not expired she was able to renewed before expired dates	12/6/19	I put a copy of license in my binder and change to new license before expires
41(b)4	CG#2 signed a disclosure form.	12/15/19	I pull the disclosure form in the home binder.
41(b)6	Add a family member and secure all the documents for them.	12/20/19	Finger print, criminal history and skin test results, are keep in the home binder.

Primary Caregiver's Signature: Tdmalu

Print Name: Teresa Malu Date of Signature: 11-26-20

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

CCFFH Name: Teresa Malen
CCFFH Address: 1522 Gulick Ave, Hon, HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(f)(7)	lapse cannot be corrected	12-28-20	Home understand need to renew before expire date, reminder in my cellphone or calendar 1 month prior to expire,
41(f (1)	HHM #3 HHM#4 HHM#5 TB Test secure.	1-3-20	TB clearance was secure, need to renew one month prior to expire date
46 (a)	Fire drills was done by CG#2 CG#3 and CG#4 form has been keep in the home binder	12-2-20	Fire drills will be done by each CG's at least once a year Home make schedule and has posted in the client room

Primary Caregiver's Signature: Malen

Print Name: Teresa Malen Date of Signature: 11-26-20

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

CCFFH Name: Teresa Matu
CCFFH Address: 1522 Gulick Ave Hon. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47(c)	PRN meds for client # 1	12/15/19	Meds had Doctors order and meds was refill if client need

Primary Caregiver's Signature: Tmatu

Print Name: Teresa Matu Date of Signature: 11-25-20

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

CCFFH Name: Teresa Matew
CCFFH Address: 1522 Gulick Ave. Hon. HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(6)J	monthly budget was done, and put them in home binder.	12-15-19	monthly will do every month and keep in home binder
53(6)(G)	client #1 door lock was fix. bathroom door fix too	12-5-19	Door lock fix client is able to lock inside bathroom door lock fix client is able to lock inside for privacy.
54(6)9	will chart at least once a week.	12/05/19	will do charting at least on a a week.
52(c)(2)	up date services plan at least twice a year	12-15-19	service plan and keep at the pt. chart at all time.

Primary Caregiver's Signature: Td Matew

Print Name: Teresa Matew Date of Signature: 11-24-20

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

CCFFH Name: Teresa Mateo
CCFFH Address: 1522 Gulick Ave. Hon HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54C3	Medication discrepancy was corrected by client CMA, MD and caregiver on client MAR.	11-1-19	make sure medication have MD order medication in MAR, bottle and MAR match before giving any new medication to client.

Primary Caregiver's Signature: Tmateo

Print Name: Teresa Mateo Date of Signature: 3-4-20

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

CCFFH Name: Teresa Mateo
CCFFH Address: 1522 Gulick Ave. Hon. HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)(5)	medicine on MAR for PRN meds for client I. meds was refill but not pick from pharmacy	12/15/19	will always keep medicine on hand when the client need
54(b)	Chart notes up to date	12/15/19	flow sheets and ~~[illegible]~~ document ~~[illegible]~~ for client I and dist and client 2 are a chart. with social worker work notes. will chart weekly and if any event

Primary Caregiver's Signature: Tdmateo

Print Name: Teresa Mateo

Date of Signature: 3-4-20