

Foster Family Home - Corrective Action Report

Provider ID: 1-510661

Home Name: Cecilia Mariano, LPN

Review ID: 1-510661-8

94-543 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/20/2020

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during inspection with all items due to CTA within 30 days.

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)- CG#4's APS/CAN lapsed on 1/10/2020 and renewed on 2/25/2020.

HHM#5 and HHM#6 were without evidence of APS/CAN/Fingerprinting or Ecrim results in CCFFH binder.

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- Primary Caregiver Disclosure Form was not updated to include household members living upstairs of CCFFH.

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 policies and procedures and client privacy rights training completed for HHM#5 and HHM#6.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- No TB clearances seen in CCFFH binder for HHM#5 and HHM#6.

Foster Family Home - Corrective Action Report

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- CG#6 had not conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Emergency exit doors located near the clients' bedrooms and kitchen were obstructed with household items ie., shoe shelves, jugs of vinegar/household cleaners, water/juice cases, water dispenser, etc. preventing a clear pathway in the event of an emergency/evacuation.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- Outside part of CCFFH gate had no buzzer/intercom for agencies to have easy access/safe access to the inside of CCFFH due to a dog that can be heard barking in the garage.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed Admission and Policy Agreement for Client #1, Client #2, and Client #3 on the day of CCFFH admission.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #2's Service Plan without signatures of client/POA, CMA RN/SC, MD, and CG#1/caregivers.

Shawkel Nakamine, PA
Compliance Manager

10/20/2020
Date

Debra J. Menden
Primary Care Giver

10-20-2020
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Cecilia Mariano

(PLEASE PRINT)

CCFFH Address: 94-543 Kahuanani Street, Waipahu, HI, 96797

(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) (1)	Lapse cannot be corrected.		Home created a calendar listing due dates for APS and CAN along with a reminder one month before due date.
8.(a) (2)	APS, CAN, and fingerprinting was obtained on 11/11/20. Ecrim obtained on 10/27/20 for HHM#5 and HHM#6. It was placed into the home binder.	11/11/20	Home will obtain fingerprinting, APS, CAN, and Ecrim record for new added HHM in the future. PCG created a calendar one month before due dates to prevent lapses.
12.(4)	Disclosure form updated/ signed. It was placed into home binder.	10/21/20	Home will update disclosure form whenever there is changes, like new added HHM.
16.(b) (5)	Training was provided to HHM#5 and HHM#6 and filed into binder.	10/23/20	In the future all HHMs will receive training on their confidentiality, policy and procedures, and clients privacy rights before being added to the home.

All items that were fixed are attached to this CAP

PCG's Signature: *Cecilia N. Mariano*

Date: 11/12/20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Cecilia Mariano
(PLEASE PRINT)

CCFFH Address: 94-543 Kahuanani Street, Waipahu, HI, 96797
(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?
41.(f) (1)	TB clearance obtained for HHM#5 and HHM#6 and filed into home binder.	HHM#5 10/26/ 20 HHM#6 10/31/ 20	Home will obtain TB clearance for all new added HHM in the future. I set the reminder for one month prior to due date.
(3P)(b) (6)	Fire drill was done by CG#6 on 10/23/20 and was filed into home binder.	10/23/ 20	Home will develop a schedule for each caregiver to conduct a monthly fire drill posted on the refrigerator.
49.(a) (4)	Clutters from exit doors have been removed.	10/20/ 20	Home will maintain exit doors free from clutters at all times to prevent obstructions in case of emergency.
50.(e)	Compliant buzzer/ doorbell was installed on the gate.	10/23/ 20	Buzzer will be checked daily and will be replaced if not functioning.

All items that were fixed are attached to this CAP
PCG's Signature: *Cecilia P. Mariano* Date: 11/12/20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Cecilia Mariano
(PLEASE PRINT)

CCFFH Address: 94-543 Kahuanani Street, Waipahu, HI, 96797
(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?
53.(a)	CCFFH admission policy and agreement was done and signed by client #1, #2, and #3. It was placed into the home binder.	Client 1 10/28/ 20 Client 2 10/24/ 20 Client 3 10/23/ 20	Home will provide in the future CCFFH admission policy and agreement upon admission to a new client.
54.(c) (2)	Client #2 service plan. No correction needed. Signature page was completed during recertification.		N/A

All items that were fixed are attached to this CAP
PCG's Signature: *Cecilia N. Mariano* Date: 11/12/20

CTA has reviewed all corrected items