

Foster Family Home - Corrective Action Report

Provider ID: 1-150038

Home Name: Danette Zimmerman, NA

Review ID: 1-150038-7

103 Leilehua Road

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/29/2020

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 6/29/2020.

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)- CG#2 and HHM#2 APS/CAN/Fingerprint lapsed on 10/9/19 and no renewal seen in home binder. HHM#3 and HHM#4's APS/CAN/Fingerprint or Ecrim no current result seen in home binder.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(f)- No Primary Caregiver Disclosure form seen in home binder.

41.(h)- A household member was left with the care of the clients in the home. Household member was unable to answer properly when asked what to do and who to call in the event of an emergency. Stated unable to understand and speak English.

41.(j)(2)- No approved Substitute caregiver in CCFFH while PCG (CG#1) was away from CCFFH.

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)- Gate has no intercom or doorbell buzzer available for case management agency/compliance manager/regulatory agencies to easily access CCFFH.

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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 and Client #2's bedrooms are equipped with a video/camera monitoring without written authorization from clients and their POA/Family.

53.(b)(9)- Client #2's bedroom door knob has no lock from the inside. Also client's door was kept/wedged in between the wall and client's bed preventing the client from closing the door for privacy and safety hazard.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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.(a)(1)- Home's evacuation map doesn't indicate the locations of emergency exits doors.

54.(b)(1)- CCFFH home binder and Clients #1 & #2's binders were unaccessible for review as the binders/charts were locked in CG#1's room(PCG was not at home); substitute caregiver (CG#2) was unable to provide charts to compliance manager for review.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

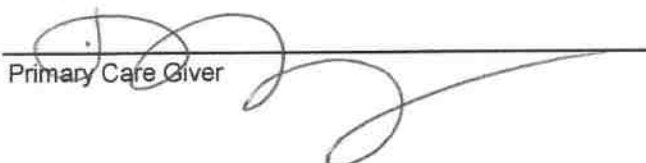
Client #1- One medication's label does not match the doctor's order and Medication Administration Record.

Client #2- Medication Administration Record was signed 2 days ahead (May 30, & 31). Two medications' labels don't match the doctor's orders and Medication Administration Record. One medication was not transcribed in the Medication Administration Record (has current doctor's order).

54.(c)(6)- Client #2's daily care flowsheet was signed 1 day ahead (May 30)


Compliance Manager

5/29/2020
Date


Primary Care Giver

5-29-20
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: Danette Zimmerman
(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road, Wahiawa, HI 96786
(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), (2)	CG#2, HHM#2, HHM#3, and HHM#4 all obtained a current APS/CAN/Fingerprinting or Ecrim. Results were filed in home binder.	6/25/20	Home will use a wall calendar to schedule due dates 2 months in advance to prevent future lapses.
41.(f)	Home updated the Primary Caregiver Disclosure Form. Completed form was filed in home binder.	6/25/20	Home will update the Primary Caregiver Disclosure Form as needed.
41.(h), (j)(2)	Situation was corrected by CG#1 and CG#2 by arriving to the home as soon as CTA Compliance Manager called.	5/29/20	CG#1 will have an approved CTA substitute caregiver care for clients before leaving the home.
50.(e)	Doorbell buzzer installed at the gate.	6/25/20	Home will maintain doorbell buzzer in working condition.
53.(b) (9)	CG#1 obtained a written authorization from Client #1 and Client #2's POAs. Also changed Client#2's doorknob to have a lock from the inside.	6/25/20	Home will adhere to the My Choice My Way rules and regulations in regards to clients' privacy rights.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9-14-20

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: Danette Zimmerman

(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road, Wahiawa, HI 96786

(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?
54.(a) (1)	Home's evacuation map was revised.	6/25/20	Home will update evacuation map as needed or when there's changes to the home's structures.
54.(b) (1)	CG#1 provided the clients' charts to CTA Compliance Manager during home inspection.	5/29/20	Home will have clients' charts available for home inspections/visits.
54.(c) (5)	CG#1 contacted Client #1 and Client #2's doctors and CMA RNs to assist with medication discrepancies.	6/25/20	CG#1 and all caregivers will double check all new medications labels, doctors' orders, and Medication Administration Records of clients. If anything doesn't match, CG#1 will notify MD, CMA RN, and or Pharmacy.
54.(c) (6)	Lapse cannot be corrected.	5/30/20	CG#1 and all caregivers will sign the Daily Care Flowsheet on the day that care is provided.

 All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 9-14-20 CTA has reviewed all corrected items