

Foster Family Home - Corrective Action Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-12

4860-A Nonou Road

Reviewer: Lori O'Keefe

Kapa'a HI 96746

Begin Date: 12/19/2019

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

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

Comment:

Annual inspection conducted for this 2 client home. A corrective action report was issued via email on 12/23/19, with a written plan of correction due to CTA by 1/23/20.

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 - CG#2 missed APS/CAN/Fingerprint check for second consecutive year. This was due by 11/9/19. There is no current clearance on file. CG#3 Has no 2016 APS/CAN or 2016/2017 eCrim results on file. Unable to determine if the current APS/CAN dated 6/25/18 or the eCrim dated 6/19/18 was done on time.

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 - There is no documentation that CG's #2-4 have received training on the homes confidentiality policies and procedures and client privacy rights.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 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.b.5 - CG's #2 and #4 do not drive clients and there is no alternative transportation plan.

41.b.7 - CG's #1, #3 and #4 do not have a current TB clearance on file. The last result is dated 7/17/18. CG#2 last TB was 9/26/18 and also does not have a current clearance.

41.g, 43.c.3 - There is no skills competency assessment or RN delegation for both clients in the home for CG#4

41.b.8 - CG #1 had a lapse of the CPR/First aid training. This was by 6/30/18 but not done until 7/3/18. The blood borne pathogen training expired 6/2/19.

CG#2 has no documents on file for CPR/First aid or bloodborne pathogens training.

CG's #3 and #4 blood borne pathogens training expired on 6/2/19, no current training on file.

41.c - CG#3 has 0/8 in-service hours for 2019.

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 - There is no documentation of fire drills being conducted monthly. Last fire drill was documented 11/19/18. The 2018 documented drills did not include all substitutes as the person conducting at least one drill per year.

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Medication and Nutrition

[11-800-47]

(d)(1) By order of a physician;

(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

ment

d.1 - Client #1 has a [redacted] and it is reflected on the service plan but there is no physicians order for its use.

e - Client #1 has [redacted] but there is no documentation of RN training or instruction being provided to the ne.

Lori O'Keefe RN
Compliance Manager

12/23/19
Date

Oliver J. Luninga
Primary Care Giver

3/4/20
Date

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

CCFFH Name: ELISA R. SURIGA FOSTER HOME
 CCFFH Address: 4860-A Honou Rd. Kapaa HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.9.1.8a2	APSCAN fingerprints done. Still waiting for result. (enclosed was the appointment and the confirmation) (Un able to find CG 3 2016/2017 APSCAN or E crim Cannot correct deficiency	1/31/20	To be aware for all expiration dates and make sure all documents filed inside the binder.
16.5.5	Found documentations for confidentiality training for CG 2 - 4	12/24/19	Have all documents listed for all the expiration dates for renewal posted in the reminder board.
41b5	Put CG 2-4 to alternate transportation plan.	12/20/19	To make sure all documents are put to the binder right away so they are ready for review.
41b.7	TB clearance for all CGs done file on binder	1/28/20	Put drivers on transportation plan right away when I add to my home or substitute. Renew dates on R. Board.

Primary Caregiver's Signature: Elisa R. Suriga

Print Name: ELISA R. SURIGA

Date of Signature: 1/28/20

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

CCFFH Name: ELISA R. SUNIGA
 CCFFH Address: 4860 - A Nono Rd.
Kapaa Hi: 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4i-b-8	CPR (first aid found for CG 2. BPP cant correct deficiencies All forms are missing (misplaced cant find them.)	1/25/20	Do better job at organization. file at the binder right away.
4i-g	Case manager did RII delegation and skills check pr CG 4 put on client chart.	1/28/20	Make sure to tell case manager when substitute added to home.
4h-a	Cannot correct missed fire drills.	12/30/19	will follow requirements & do fire drill every month and will do fire drill once a year. Documentation will be done and filed on binder every month.

Primary Caregiver's Signature: Elisa R. Suniga

Print Name: ELISA R. SUNIGA Date of Signature: 1/29/20

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

CCFFH Name: ELISA R. SUNIGA
 CCFFH Address: 4860 Nonou Rd
 Kapaa HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.d.1	Got from doctor for use of [redacted] for client 1.	1/30/20	Work closer to RN to get required documents done in first week of admission for clients
47.e	Nurse met did training for [redacted] for client 1		
4i.c	CG 3 has 8 hours education now Documents are filed in the home binder Copy and corrections documents fax to CIA		Will make sure all substitutes get in services 8 hrs. every year

Primary Caregiver's Signature: Elisa R. Suniga

Print Name: ELISA R. SUNIGA Date of Signature: 1/28/20