

Foster Family Home - Corrective Action Report

Provider ID: 1-559221

Home Name: Elizabeth Catalan, CNA

94-602 Kipou Street

Waipahu

HI 96797

Review ID: 1-559221-6

Reviewer: Julie Hastings

Begin Date: 2/20/2020

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 for this 2 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/22/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)

CG#1, CG#2 and CG#5 APS/CAN lapsed.

CG#1 did 1/8/18. Was due on or before 1/8/20. Was done on 1/28/20 and reported 2/13/20

CG#2 was done on 5/10/18. Was due on or before 5/10/18. Was done 6/5/19.

CG#5 was done 3/31/17. Was due on or before 3/31/19. Was done 4/25/19.

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)

HHM: 3 and HHM#5 have no privacy training on record.

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

Comment:

41.(b)(5)

CG#2, CG#3 and CG#4 have no alternate transportation plan on file.

41.(b)(7)

CG #4 last TB on record in home is 12-21-18, It was due on or before 12-21-19.

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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 budget available in the home. last was March 2019.

Foster Family Home

Records

[11-800-54]

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.(c)(5)
Medication Administration Record does not match orders and prescription bottles.

54.(c)(6)
Missing November, December 2019 RN visit assessment documents.

Julie A. Hastings-Brown
Compliance Manager

[Signature]
Primary Care Giver

2/20/2020
Date

2/20/2020
Date

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

CCFFH Name: Elizabeth Catalan

CCFFH Address: 94-602 Kipou St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Lapse cannot be corrected.	3/05/20	Calendar reminders will be placed on binder for 2 months prior to expiration.
16.b.5	HHM#3 AND HHM#5 now have privacy training signatures	3/06/20	All HHM's will be required to receive this training and sign privacy agreement of being added to the home.
41.b.5	CG#2, CG#3, and CG#4 now have alternative transportation plan. It was placed into home record.	3/06/20	All new caregiver's will provide alternative transportation plan for future use.
41.b.7	TB Clearance was obtained for CG#4. Lapse cannot be corrected.	3/05/20	Home will use calendar to be posted to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
52.b	House budget recovered, remainder 2019 budget and is now on file.	3/05/20	PCG will make sure that monthly budget will put on the correct form.
54.c.5	Medication discrepancy was corrected by clients, CMA, MD and CG#1 on client medication administration record.	3/06/20	CG#1 will look at all medication orders, bottles, and MAR to ensure all match before giving any new medication. All caregivers will notify CMA, pharmacy, doctors if they are different.
54.c.6	November, December 2019 RN visit assessment is now on file.	3/05/20	Have the nurse check and make her assessment visit every month.

Primary Caregiver's Signature: 

Print Name: ELIZABETH T. CATALAN

Date of Signature: 3/10/20