

Foster Family Home - Corrective Action Report

Provider ID: 2-160026

Home Name: Dy Elma Akiyama, CNA

Review ID: 2-160026-6

124 Alaloea Road

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 3/13/2020

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 of this 3 client home. Unable to complete on 3/13/2020 and returned to home on 3/16/2020. Home was issued a corrective action report (CAR with a written corrective action plan (CAP) due back to CTA by 4/16/2020.

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 had a lapse of the APS/CAN/Fingerprint. This was due by 5/21/19 but not done until 9/1/19.

CG#4 has expired APS/CAN, 8/2/19, there is no current clearance in the home binder.

CG#5 has expired initial APS/CAN/Fingerprint clearance, 9/12/19. There is no current clearance in the home binder.

CG#6 missed the second consecutive APS/CAN/Fingerprint clearance that was due by 5/18/17. There is a current clearance dated 3/18/18.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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)(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.

Comment:

41.a.3 - CG#6 does not have a job experience form in the home binder.

41.b.4 - CG#5 does not have a disclosure form in the home binder.

41.b.7 - CG#5 and #6 do not have a current TB clearance in the home binder.

41.b.8 - CG#1 and #6 do not have current blood borne pathogen training in the home binder. Both were due by 3/5/2020.

41.b.8 CG#5 does not have evidence of first aid training in the home binder.

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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;

54.(c)(5) Medication schedule checklist;

Comment:

54.c.2 - Clients #1 and #2 have unsigned service plans, therefore unable to determine the client/responsible party participated in the care planning.

54.c.5 - Client #1 has a medication discrepancy.

One medication order/label state give [REDACTED] but medication administration record has scheduled medication to be given [REDACTED]

Lori O'Keefe
Compliance Manager

[Signature]
Primary Care Giver

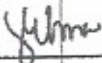
3/16/2020
Date

3/16/2020
Date

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

CCFFH Name: **DY ELMA AKIYAMA**
 CCFFH Address: **124 ALALOA RD. HILO HI 96720**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1 8.a.2	-GG2 Lapse cannot be corrected	3/16/20	Home understands important of no laps.we will input due dates on our phones&calendars&have it done 1 month prior due to prevent future lapses. PCG will note on calendar a month prior to due date of APS/CAN. PCG will note on calendar a month prior to due date of APS/CAN/Fingerprint. PCG will note on calendar a month prior to due date of APS/CAN/Fingerprint. PCG will review binder monthly to make sure all forms are completed. PCG will review binder monthly to make sure all forms are completed
CG#5	-CG#4obtained new APS/CAN obtained new APS/CAN/Fingerprints	3/16/20 4/2/2020	
CG#6	obtained new APS/CAN/Fingerprints	4/2/2020	
41a3	CG#6 Job experinece form completed & sent to cta &placed in binder.	4/2/2020	
41b4	CG#5 disclosure form complete & sent to cta & placed in binder.	4/2/2020	

Primary Caregiver's Signature: 

Print Name: Dy Elma Akiyama

Date of Signature: 4/2/2020

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CCFFH Name: **DY ELMA AKIYAMA**
 CCFFH Address: **124 ALALOA RD. HILO HI 96720**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41b.7	CG#5 tb clearance complete & sent to cta	4/2/2020	PCG will note on a calendar when each CG TB is due one month prior to avoid expiration.
41b.8	CG#6 tb clearance complete & sent to cta	4/2/2020	
41b.8	CG#1&6 Blood born Pathogens training current & sent to cta.	4/2/2020	PCG will go through all paper work of each CG to make sure all forms are up to date.
41b.8	CG#5 Evidence of first Aide training due to corona virus CG#5 cannot obtained evidence of first aide.	4/2/2020	PCG will not provide care until evidence of first aide is obtained.
54c.2	Service plan signed.	3/16/20	will check service plan & inform case manager monthly.
54c.5	contacted physician for directives.	3/16/20	case manager fixed discrepancy & will follow directions on the bottle.

Primary Caregiver's Signature: *[Signature]*

Print Name: DY ELMA AKIYAMA

Date of Signature: 4/2/2020