

Foster Family Home - Corrective Action Report

Provider ID: 1-576209

Home Name: Emily Justo, CNA

Review ID: 1-576209-8

94-456 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/6/2020

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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH 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#2's APS/CAN lapsed on 8/13/2020 and renewed on 9/16/2020; Ecrim lapsed on 8/8/2020 and renewed on 9/3/2020. HHM#2 had no evidence of a current APS/CAN/Fingerprinting in the 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)- CG#1 did not disclose the exact amount of household members in the CCFFH when asked by CTA. CTA Compliance manager noticed a male entering one of the bedrooms of the CCFFH. CG#2 who currently lives in the CCFFH was asked and truthfully reported amount of actual household members in the 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 done for HHM#2.

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 clearance result for HHM#2 in the CCFFH binder.

Foster Family Home - Corrective Action Report

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
- 49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(1)- No non-slip surface/rubber mat seen in client's shower.
- 49.(a)(5)- 2 smoke detectors located in the hallway and near the kitchen were not functioning when tested during the CCFFH inspection.
- 49.(b)(1)- Client #1's bedroom was divided into 2 separate room by an accordion and on the other side of it is a laundry room with 2 washing machines and a dryer.
- 49.(c)(3)- Client #2's bedroom window was obstructed on the outside with an non-working air conditioner (placed on a table) preventing fresh air to enter the window.

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)- No buzzer/intercom/doorbell noted on the outside of CCFFH gate and also the front door for agency to communicate/quick entry to the CCFFH.

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's door knob had no lock from the inside. Under the My Choice My Way, clients have to be able to lock bedroom for privacy.

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;
- 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)(2)- Client #2's Service Plan expired on 5/16/2020. No current Service Plan seen in client's binder.
- 54.(c)(5)- Client #1- no Medication Administration initiated for the month of November 2020. Client #2 no MAR seen for October 2020 and November 2020.
- 54.(c)(6)- CG#2's progress notes for Client #2 contained no signatures after each dated entries from 5/24/19 thru 9/11/2020.
- CMA RN monthly visits completed forms were not seen in Client #2's chart/binder for the months of April, May, June, July, August, and September 2020.

Tharibel Nakamine, M
Compliance Manager

Mary Clark
Primary Care Giver

11/6/2020
Date

11/6/2020
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: Emily Justo, CNA

(PLEASE PRINT)

CCFFH Address: 94-456 Loaa Street Waipahu, Hawaii 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), (2)	CG#2's lapse of APS/CAN and Ecrim cannot be corrected. It was just done on 9/16/20 and 9/3/20, respectively. HHM#2 completed the field print appointment on 11/9/20. Still waiting for the result. Results were obtained on 12/3/20	9/16/20 and 9/3/20 11/9/20 and 12/3/20	In the future, I will make sure that all caregivers and household member's E-crim and APS/CAN be checked before the expiration date. I will write on my desk calendar and input an alert or reminder to my cellphone 2 months before the expiration date to prevent any future lapses on the background check requirements.
12.(4)	CG#1 admitted the truth after CG#2 has been asked.	11/6/20	I will report or disclose immediately if there is any additional household member.
16.(b) (5)	HHM#2 confidentiality policies and procedures and client privacy rights was placed in HHM#2 record.	11/11/20	I will make sure to provide training to all caregivers and household members on their confidentiality policies and procedures and client privacy rights.

 All items that were fixed are attached to this CAPPCG's Signature: *Emily Justo*Date: 12/04/20 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: Emily Justo, CNA

(PLEASE PRINT)

CCFFH Address: 94-456 Loaa Street Waipahu, Hawaii 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)	Tuberculosis clearance was obtained for HHM#2 and placed on home record/binder.	11/18/20	I will make sure that every household member has tuberculosis clearance that meets department of health guidelines.
49.(a) (1)	New rubber mat was placed in the bathroom.	11/10/20	In the future, I will always put non-slip surface/rubber mat in the bathroom for the safety of my clients and to prevent any accidents.
49.(a) (5)	Smoke detectors' batteries were replaced with new ones.	11/10/18	I will conduct a test on smoke detectors regularly, at least once a month and ensure that the batteries are still good.
49.(b) (1)	Client #1 was transferred to her own private room with new curtains.	11/15/20	I will protect each of my client's privacy and make them comfortable in their respective rooms.
49.(c) (3)	Air conditioner was removed from outside of the window of Client #2	11/12/20	I will make sure that my clients' rooms are well ventilated and always clean.

 All items that were fixed are attached to this CAPPCG's Signature: *Emily Justo*Date: 12/04/20 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: Emily Justo, CNA

(PLEASE PRINT)

CCFFH Address: 94-456 Loaa Street Waipahu, Hawaii 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?
50.(e)	Doorbell was placed outside the front door.	11/10/20	Home will always have a doorbell on the front door that is functioning properly to provide easy communication or access.
53.(b) (9)	Door knob has been changed and the lock was from the inside already of her bedroom.	11/10/20	I will keep the door handle working properly and client will be able to lock from inside for their privacy.
54.(c) (2)	Client #2 service plan was corrected by Client's CMA and was placed in her binder.	11/18/20	I will remind CMA for client's service plan a month before expiration date.
54.(c) (5)	Medication Administration month of November 2020 has been completed for Client #1. MAR for Client #2, month of October and November 2020 has been updated.	11/7/20	I will update the clients' MAR daily to make sure I am not missing any logs for the day.

 All items that were fixed are attached to this CAPPCG's Signature: Emily JustoDate: 12/04/20 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: Emily Justo, CNA

(PLEASE PRINT)

CCFFH Address: 94-456 Loaa Street Waipahu, Hawaii 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?
54.(c) (6)	Instructed CG#2 to sign after each dated entries on the progress notes from 5/24/19 thru 9/11/20.	11/7/20	I will remind CG#2 to always sign the progress notes after each dated entries and I will also double check her entries to make sure she is not missing any signatures.
	CMA RN monthly visits for Client #2 were completed for the months of April thru September 2020 and forms were filed in the binder.	11/20/20	Notify case management always and put the forms in the binder immediately after it was completed. Check the binder regularly to make sure no any form was missing.

 All items that were fixed are attached to this CAPPCG's Signature: *Emily Justo*Date: 12/04/20 CTA has reviewed all corrected items