

Foster Family Home - Corrective Action Report

Provider ID: 3-527210

Home Name: Florie Domingo, NA

Review ID: 3-527210-9

73-4334 Napoo Place

Reviewer: Terri Van Houten

Kona HI 96740

Begin Date: 8/18/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/18/2020.

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) - SCG#3 eCrim expired 6/26/20, no fingerprints in file.

• 8.(a)(2) - PCG APS/CAN expired 2/8/20

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 41.(f)(2) Background checks
- 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.
- 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.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

- 41.(e) - SCG#2 SCG approval form missing from file
- 41.(f), 41.(f)(1), 41.(f)(2) - HHM #1, #2, and #3 do not have files, including TB clearance, Background checks.
- 41.(i)-PCG Disclosure form not updated to reflect additional HHM

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) - Monthly fire drills not documents since 9/2019

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Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.
- 49.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

Comment:

49.(a)(4) - Kitchen area has small step up into the room, no ramp present.

49.(a)(6) - Doorway in living area which exits to ground level has small ledge without a ramp. Client #2 requires wheel chair to move around independently.

49.(c)(1) - Client's bathroom door is broken (pocket door does not extend out into the frame) and does not have a lock. Curtain in place currently

Foster Family Home

Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

- 51.(a)(1) - Liability insurance declaration page expired as of 1/1/2020

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) - Client #1 - Missing documentation on MAR from June 2020, Current MAR does not match all medications per physician order. Client #2 - Medication being administered per PCG, but not present on MAR and unable to locate physician order.
- 54.(c)(6) - Client #1 and Client #2 missing personal care daily documentation for June, July, and August 2020. Both clients do not have current notes entered by PCG/SCG. Client #1 - Missing RN CM notes from May, June, July 2020. Client #2 - Missing RN CM notes from Sept. 2019-Mar 2020



Compliance Manager

8/18/2020

Date



Primary Care Giver

8/18/2020

Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Florie Domingo

(PLEASE PRINT)

CCFFH Address: 73-4334 Napoo place Kailua Kona HI 96740

(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)	Lapse cannot be corrected	9/11/20	Home will use a wall calender to input all dates that are due.Fingerprint will be done one month before due date to prevent from lapse.
8.(a)(2)	Lapse cannot be corrcted	9/11/20	Home will use a wall calender to input all dates that are due. Background checks will be done one month before due date to prevent from lapse.
49.(a)(4)	Ramp is inplace on the small step up into the kithen area.	9/11/20	Home is aware that the client needs to be able to access the kitchen whenever needed.
49.(a)(6)	Ramp is inplace on the exit ground level.	9/11/20	Home is aware that client needs to be able to access the exit area without any trouble.
49.(c)(1)	Replaced broken door & installed new door knob with lock.	9/11/20	Home is aware that clients need privacy.
51.(a)(1)	Requested a copy of liability insurace.It is now placed in Provider's binder.	9/11/20	Home will file in to binder as soon as the insurace copy is recieved in the mail to prevent from getting missed placed.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 9/11/20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Florie Domingo
(PLEASE PRINT)

CCFFH Address: 73-4334 Napoo place Kailua Kona HI 96740
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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), 41.(f) (1), 41.(f) (2)	TB clearance and background checks for HHM #1,2 and 3 is obtained. It was placed in home record.	9/11/20	Home is aware that all HHM must have TB clearance and background checks from now on.
41.(h)	Requested a copy of SCG #2 approval form and was placed into home record.	9/11/20	Home will make sure that all SCG approval form is in home record from now on.
41.(i)	Disclosure form updated and was placed into home record.	9/11/20	Home is aware to update disclosure form when there is changes in the home from now on.
46.(a)	Monthly fire drill done and was placed into home record.	9/11/20	Home is aware to maintain a record of fire drill conducted on a monthly basis. PCG will place a date of reminder on cell phone to notify (alarm) when the date comes.
54.(c) (5)	MAR done and placed into clients binder. Medication discrepancy for client's #1&2 is corrected by CM,PCG & MD on client's MAR and on Physicians order and placed into clients binder.	9/11/20	PCG will look at all meds records and bottles to ensure that they both match before giving a medication.If they are different PCG will notify CMA,MD and pharmacy immediately.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/11/20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Florie Domingo

(PLEASE PRINT)

CCFFH Address: 73-4334 Napoo place Kailua Kona HI 96740

(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)	Personal care daily documentation & current PCG notes for client #1 & 2 was done and placed into client's record. Requested copies of missing RN CM notes for both client #1 & 2 and was placed into client's records.	9/11/20	Home will have personal care and PCG notes in a clip board to maintain daily documentation. And home will notify RN CM to mail RN visit notes every moth using a wall calender.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/11/20

CTA has reviewed all corrected items