

Foster Family Home - Corrective Action Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA

Review ID: 1-110062-15

1931 Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/13/2020

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

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

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home 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)- no APS/CAN/Fingerprint result for HHM#3 in CCFFH's binder.

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 training and client privacy rights done for HHM#2 and HHM#3.

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 clearances results seen in CCFFH binder for HHM#2 and HHM#3.

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)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(1)- No non-slip surface/rubber mat seen in clients' shower.

49.(a)(4)- Noted that an Emergency exit door near the kitchen, the pathway was with a 3 step up cement stairs then another 3 step up cement stairs on the outside making it difficult for a wheelchair to navigate through. CCFFH has a client (Client #2) who's non-ambulatory.

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Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.
Client #1- Medication Administration Record (MAR) was last signed on 10/2/2020. There were 2 medications that were not available which were listed on the MAR and with current doctor's order.
Client #2- The MAR was last signed on 10/2/2020. One medication had an expiration date of June 2017.

Thaikel Nakamine, R

Compliance Manager

Shancee Gray-ya

Primary Care Giver

10/13/2020

Date

10-13-2020

Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Frances Gay-ya

(PLEASE PRINT)

CCFFH Address: 1931 Kalihi St. Honolulu, HI 96819

(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	HHM#3 Obtain a current eCrim.	10/31/20	Home will use a calendar to schedule all due dates. Background checks will be done at least 1 week before due date to prevent future lapses.
8.a.2	HHM#3 Obtain a current APS/CAN/Fingerprinting.	11/6/20	Home will use a calendar to schedule all due dates. Background checks will be done at least 1 week before due date to prevent future lapses.
16.b.5	PCG trained HHM#2 and HHM#3 on confidentiality and client's privacy rights.	10/13/20	PCG will train new household members and caregivers within 7 days of adding to CCFFH.
41.f.1	PCG obtained TB clearance from hospice nurse for HHM#2.	10/15/20	Home will use a calendar to schedule all due dates. Background checks will be done at least 1 week before due date to prevent future lapses.
	HHM#3 obtained TB clearance from [REDACTED]	10/21/20	

 All items that were fixed are attached to this CAPPCG's Signature: Date: 11/08/20 CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Frances Gay-ya

(PLEASE PRINT)

CCFFH Address: 1931 Kalihi St. Honolulu, HI 96819

(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?
49.a.1	PCG obtained a non slip bathmat for the shower.	10/14/20	Bathmat is always displayed on grab bar.
49.a.4	Exit door near the kitchen was replaced to; "Not An Emergency Exit" door.	11/02/20	Notify household members that there is only one emergency exit door which is the main entrance.
54.c.5	Client #1 two medication that were not available which is listed on MAR with current doctor was discontinued by client PCP.	10/14/20	When client is new, audit medication properly.
	Client #2 called client PCP to refill expired topical cream.	10/14/20	Double check medication expiration at the end of the year.
	PCG separated MAR to both Client #1 and Client #2 on clipboard for easy access.	10/13/20	Bring MAR to sign once medication is given.

 All items that were fixed are attached to this CAP
PCG's Signature: Date: 11/05/20
 CTA has reviewed all corrected items