

Foster Family Home - Corrective Action Report

Provider ID: 1-120042

Home Name: Herbert Sales, NA

94-1112 Lumikula Street

Waipahu

HI 96797

Review ID: 1-120042-12

Reviewer: Maribel Nakamine

Begin Date: 10/27/2020

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 without evidence of a current result of APS/CAN/Fingerprinting or Ecrim in CCFFH 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 policies and procedures and client privacy rights training for CG#2, CG#3, and CG#4.

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

41.(a)(1) Reside in the community care foster family home;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(1)- No written authorization in the Rental Agreement from landlord for CG#1 to operate a CCFFH.

41.(f)(1)- No TB clearance seen in CCFFH binder for CG#2.

Foster Family Home - Corrective Action Report

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement for Client #2 on admission to CCFFH.

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)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1), (2)- No non-slip bath mat/rug seen in clients' shower floor; no grab bars near the toilet for client to hold onto which is potential to cause injury/fall to client.
 49.(c)(3)- Window screen in clients' bathroom was broken in which insects/bugs such as mosquitoes, flies, etc. can enter the CCFFH. Client #2's window was missing a glass jalousie.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 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.(a)- No completed Emergency Prepared Plan seen in CCFFH binder. CG#2, CG3, and CG#4 were without evidence of having had training.
 50.(e)- Noted that CCFFH locked gate was without an intercom/bell/buzzer for agency to access CCFFH.

Foster Family Home

Records

[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)- CCFFH's binder was in disarray/unorganized.
 54.(c)(2)- Client #2's Service Plan expired on 5/18/2020.

Therese Nakamura, RN
 Compliance Manager

10/27/2020
 Date

Albert G. Sales
 Primary Care Giver

10/27/2020
 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: Herbert Sales
(PLEASE PRINT)

CCFFH Address: 94-1112 Lumikula Street Waipahu, HI 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) 8.(a)(2)	Obtained current result of APS/CAN fingerprinting of my CG#2 caregiver and inserted it into binder. Results were immediately faxed to CTA.	10/28/20	Reminders are set in my calendar notifying me of the expiration date of these documents so they may be updated appropriately.
8.(a)(1) (2)	CG#2 Fingerprinting and criminal records were faxed immediately on 10/28/20 to CTA.	10/28/20	Caregiver's Fingerprinting & criminal records will be safely stored in CG#2's binder.
16.(b) (5)	CG#2, CG#3, & CG#4 was trained on confidentiality policies & procedures and client privacy rights as evidenced by their signatures. They have to verbalize their understanding of all the rules, policies, & regulations.	10/28/20	I will obtain a list of caregivers who have completed the confidentiality policies & procedures/client privacy rights. There will also be a log for CG's signatures acknowledging completion of the training inserted into binder.
41.(a) (1)	This foster caregiver has provided care to clients in this SAME HOME ADDRESS SINCE 2013 - no other residence for 7 years.	2013	I, being the foster caregiver needs to reside in the home all the time. I went into this business with the knowledge to always reside in the home.

All items that were fixed are attached to this CAP

PCG's Signature: Herbert G. Sales

Date: 1/24/21

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: Herbert Sales
(PLEASE PRINT)

CCFFH Address: 94-1112 Lumikula Street Waipahu, HI 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)	Obtained TB clearance for CG#2 on July 2, 2020.	10/28/20	CG will use a calendar to put all due dates on, to prevent them from expiring. This TB clearance should be placed in the binder.
45.(1), (2),(3)	For client #2, admission policy & agreement & grievance policies & procedures were explained and signed by family member. Policy was added to client's record.	10/28/20	Clients or legal representatives have clear understanding of all policies and procedures by discussing with them. Documents (signed) will always be safely stored in clients' Binders. Caregiver will notify client's CMA that Policy and Agreement needs to be done as soon as possible to be added into the CCFFH binder.
49.(a) (1)	Now non-slip surfaces are provided to tubs/showers to prevent slipping. The toilets are accessible to clients' rooms.	10/28/20	For safety always, non-slip surfaces will be kept in place in tubs & showers.

All items that were fixed are attached to this CAP

PCG's Signature: *Herbert Y. Sales*

Date: 1/24/21

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: Herbert Sales
(PLEASE PRINT)

CCFFH Address: 94-1112 Lumikula Street Waipahu, HI 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?
49.(a) (2)	Grab bars in bath & toilet were immediately installed. Grab bars and non-slip mats were added to the shower and toilet areas to prevent slips and falls.	10/28/20	For clients' safety, I need to always keep grab bars in bath & toilet and fix them when broken. The safety equipment added shall be maintained and kept in good repair to insure clients' ease and safety while in the bathroom facilities.
49.(c) (3)	The home is cleaned & sanitized. The jalousie was fixed. Window screens were replaced. Now windows can be opened more ventilation and lighting.	10/28/20	CG must continue to clean the home, using the proper cleansing agents. Open windows for better ventilation. I will always fix screen windows and jalousies when broken.
50.(a)	The Emergency Management policies & procedures are kept in the CCFFH Binder. All caregivers had completed all training in Emergency plan.	10/28/20	Keep all Emergency Policies & procedures, including all caregivers' documented training, in CCFFH Binders always.

All items that were fixed are attached to this CAP

PCG's Signature: *Herbert G. Sales*

Date: 1/24/21

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: Herbert Sales
(PLEASE PRINT)

CCFFH Address: 94-1112 Lumikula Street Waipahu, HI 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)	Even though the last inspection for recertification was done in December 2019, this foster caregiver understands unannounced visit such as this last one.	10/28/20	I, being the primary caregiver, understands that any visit maybe announced or unannounced. CG will expect people from the department for inspection. CG will check my doorbell if it is working all the time.
54.(a)	Criminal records, TB clearance, Service Plan, and other documents were filed together in a folder for every caregiver and was included in the administrative binder.	10/28/20	Primary caregiver will follow the table of contents from CTA as a guideline in organizing the administrative binder. Documents like criminal record, TB clearance, service plan and other required documents will be filed, stored together and attached in the CG binder. I will keep reminder in my calendar of all documents that have expiration dates. All CGs will set the reminders at least 2 months in advance of the expiration so I may have adequate time to update the documents.

All items that were fixed are attached to this CAP
PCG's Signature: *Herbert Y. Sales*

Date: 1/24/21

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: Herbert Sales
(PLEASE PRINT)

CCFFH Address: 94-1112 Lumikula Street Waipahu, HI 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) (2)	There are individual service plans - with RN designate approval - included in respective binders. Transportation plans are also included in the service plans.	10/28/20	I will add transportation plan in the individual service plan to keep care and service running smoothly. This individual service plan will be kept in the CG binder.

All items that were fixed are attached to this CAP

PCG's Signature: *Herbert Y Sales*

Date: 1/24/21

CTA has reviewed all corrected items