

# Foster Family Home - Corrective Action Report

Provider ID: 1-180013

Home Name: Imie Zaluaga, CNA

Review ID: 1-180013-6

1348 17th Avenue

Reviewer: Maribel Nakamine

Honolulu

HI 96816

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/Fingerprinting results seen in CCFFH binder for HHM#3 and HHM#4.

## 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 evidence of confidentiality policies and procedures training and client privacy rights for HHM#3 and HHM#4 in CCFFH binder.

## 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 current TB results seen in CCFFH binder for HHM#3 and HHM#4.

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## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(1)Staff- Primary Disclosure Form was not updated to reflect additional household members in the CCFFH.  
(3P)(b)(2)Staff- No completed Sign In/Out Form for the past 12 months seen in CCFFH binder. CG#1 has left the CCFFH during home inspection and CG#2 took over as substitute caregiver in CCFFH. CG#1 did not sign out and CG#2 did not sign in on the form.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No completed monthly Fire Drill form for the past 12 months.

## 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

Comment:

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

49.(a)(5)- There were 2 smoke detectors that were not functioning when tested during inspection- hallway near clients' bedrooms and the other in Client #2's bedroom.

## Foster Family Home

## Client Rights

## [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No evidence of completed Admission Policy and Agreement done on admission to CCFFH for Client #1, Client #2, and Client #3.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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.(a)(1)- No Emergency/Evacuation Map seen in CCFFH. Per CG#1, current map on hand is from the old CCFFH address. New CCFFH address was not done.  
54.(c)(2)- Client#3's Service Plan expired on 4/5/2020.  
54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.  
Client #1- Two medications with expiration dates of 3/2020 and 6/24/2020. Three medications that were listed on the Medication Administration Record(MAR) and with current doctors' orders were not available on hand. Client's [REDACTED] checks results were not recorded on the MAR from Oct. 1, 2020- October 13, 2020.  
Client #2- One medication with an expiration date of 5/21/2020. One medication was not available that was listed in MAR and with current doctor's order.  
Client #3- Client #3's [REDACTED] were signed ahead of times of 4:00pm and 8:00pm. One medication was signed ahead of time of 8:00 pm. (CTA currently in CCFFH at 1:00pm). One medication was not available that was listed on the MAR and with current doctor's order.  
54.(c)(6)- No ADLs/Care Flowsheet seen in Client #1 and Client #2's charts. RN Visit Summary/Telehealth not seen in Client #1, Client #2, and Client #3's charts. Client #1- missing for the months of 3/2020, 4/2020 thru 8/2020; Client #2- 3/2020 thru 8/2020; Client #3- 3/2020 thru 8/2020.

Shakiel Nakauru, RN

Compliance Manager

10/14/2020

Date

IMIE ZALUAGA

Primary Care Giver

10/15/20

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 CCFH Certificate: IMIE ZALUAGA

CCFFH Address: 1348 17<sup>th</sup> Ave., Honolulu, HI 96816

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)	Appointments for APS/CAN & fingerprint was made and completed on November 3, 2020 for HHM#3 & HHM#4.	11/03/20	-PCG will make a check-list of all the household members' requirements and be sure to obtain them every time there are changes or additional to the household members. I will set a reminder weekly to my iphone/laptop to review my CCFH binder to ensure proper documentation.
16. (b) (5)	PCG oriented/discussed the confidentiality policies & procedures training and client primary rights to HHM#3 and HHM#4. Both signed in the household member training form and it was placed in the CCFH binder.	10/14/20	-PCG will make a check-list of all the household members' requirements and be sure to obtain them every time there are changes or additional to the household members. I will set a reminder weekly to my iphone/laptop to review my CCFH binder to ensure proper documentation.
41. (f) (1)	HHM#3 obtained the recent copy of chest X-ray result dated 10/10/2020 from his primary doctor. HHM#4 obtained one-step TB test on 10/30/2020 at [REDACTED]	10/30/20	-PCG will make a check-list of all the household members' requirements and be sure to obtain them every time there are changes or additional to the household members. I will set a reminder weekly to my iphone/laptop to review my CCFH binder to ensure proper documentation.
(3P)(a)(1) Staff	Immediately updated Primary disclosure Form on the same day after CTA inspection. Added [REDACTED] and [REDACTED] as household members, and	10/13/20	-PCG will promptly make a new Primary Disclosure Form, place in the CCFH binder, and inform CTA if there are any changes. I will set a



	removed [REDACTED] [REDACTED]		reminder weekly to my iphone/laptop to review my CCFH binder.
(3P)(b)(2) Staff	Lapse cannot be corrected as PCG did not fill out the Sign In/Out form in the past 12 months.	10/14/20	-PCG and substitute caregivers will make sure to fill out Sign In/Out form immediately every time PCG is out in the care home.
(3P)(b)(1) Fire	Lapse cannot be corrected for the monthly fire drill that were not made for the months before October 2020. PCG conducted fire drill for the month of October 2020.	10/14/20	-Home will conduct the monthly fire drill and follow the Evacuation/Emergency plan. PCG will set a reminder to iphone/laptop every 1 <sup>st</sup> of the month.
49. (a) (1)	PCG bought non-slip bath mat and placed in the client's shower room on the next day of inspection	10/20/20	Home will use non-slip bath mat in all the clients' bathrooms. PCG will inspect the house every Monday to ensure that the foster care home is well equipped and safe for the clients.
49. (a) (5)	PCG cleaned all the smoke detectors & changed all the batteries on the same day after the inspection.	10/13/20	-The caregiver who will be assigned for the monthly fire drill will make sure to inspect, clean all the smoke detectors, and change batteries if necessary. This will also be done every 1 <sup>st</sup> of the month.
53. (a)	PCG discussed the Admission Policy & agreement at the Foster carehome to clients #1, #2, & #3 and/or to their legal representative. Forms were signed and placed in the CCFH binder. Copy given to clients/ client's representative.	10/14/20	-PCG will ensure on the day of client's admission to include CCFH Admission Policy and Agreement aside from CMA admission contract. PCG will make a check list of all the documents needed during the admission process.
54. (a) (1)	PCG made an Emergency/Evacuation Map for the new CCFH address [REDACTED] & placed in conspicuous places. One in the living room, near bathroom #1, and near bathroom #2.	10/22/2020	-PCG will inspect the house every Monday to ensure that the foster care home is well equipped and safe for the clients and household members. Home will immediately create an Emergency/Evacuation plan when the foster care home will have a change of address.
54. (c) (2)	Service plan for October 2020 was obtained for CG #3 from client's CMA. It was signed by the client & placed into the client's record.	10/15/20	-Home will review client's binder daily for proper documentation. Caregivers will inform client's CMA

			immediately if service plan needs a current one.
54. (c) (5)	<p>Medication discrepancies were corrected by PCG, CMA and MDs.</p> <p>Client #1- PCG removed all expired medications. Called MD office for medication refills for the expired medications and the ones that were not available.</p> <p>Client #2- PCG removed the expired medication. Called MD office for medication refills for the expired medications and the other one that was not available.</p> <p>Client#3- [REDACTED] that were signed ahead of time on MAR have been marked error and initialed (10/13/20 at 4:00pm and 8:00pm). Called MD office for refill of the medication.</p>	<p>10/26/20</p> <p>10/23/20</p> <p>10/13/20</p>	<p>-PCG will look at all the medications daily for client #1, #2, and #3 for the expired medications and check the MAR if all medications were available on hand. All caregivers will sign/ initial immediately on the MAR after giving medications to the client. PCG will inform respective clients' CMA for any changes/additional in medications.</p>
54. (c) (6)	<p>Lapse cannot be corrected for the days that have not been done for the flowsheet before the inspection.</p> <p>PCG obtained copies of RN Visit Summary/ Telehealth for clients' #1, #2, and #3 for the months of 3/2020 thru 8/2020 and placed into the client's record.</p>	<p>10/14/20</p> <p>10/15/20</p>	<p>-All caregivers will be reminded daily to fill out the flowsheet daily during their shift.</p> <p>-PCG will follow up and ask for a copy of RN Visit Summary/Telehealth at the end of the month from clients' respective RN or CMAs.</p>

All items that were fixed are attached to this CAP

PCG's Signature:   
 IMYE ZALUNGA, PCG

Date: 11/12/20

CTA has reviewed all corrected items