

# Foster Family Home - Corrective Action Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-7

1115 Kukila Place

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 3/2/2020

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

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

Comment:

6.(d)(1)- Home Inspection for 2 person CCFFH recertification. CAR issued during home inspection with all items due by 4/2/2020. Home will receive 2 bedroom certification.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- Last APS/CAN for CG#1; CG#2; HHM #3; HHM#4; HHM#5 7/19/2017.

## 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 documentation for Confidentiality Training for CG#2.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

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

Comment:

41.(b)(5)(C)(ii)- CG#1 TB Clearance 1/16/2019.

41.(f)(1)- HHM #3 TB Clearance 2/2/2018.

## Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH only Medicaid patient transferred to another CCFFH 2/3/2020.

# Foster Family Home - Corrective Action Report

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)- Last documented Fire Drill 2/1/2018.

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:

Comment:

50.(a)- Emergency Plan documentation not available.

Foster Family Home

Records

[11-800-54]

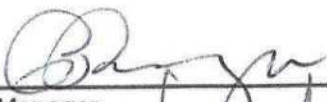
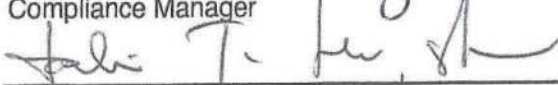
54.(c)(5) Medication schedule checklist;

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)- Last documentation on Medication Administration Record for client #1 dated 2/15/2020.

54.(c)(6)- Last documentation on provision of services flowsheet for client #1 2/25/2020.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

3/2/20  
Date  
5-15-20  
Date

Community Care Worker Training Home (CCWH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: JAC'S FOSTER HOME  
 CCFFH Address: 1115 KUKIHA PT. HONOLULU, HI. 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	APS/CAL WAS OBTAINED FOR CG#1 CG#2 HHM#3 HHM#4 HHM#5	5-15-20	APS/CAL REQUIREMENTS WILL NOT BE EXPIRED OR LAPSED IN THE FUTURE THE HOME CREATIVE REQUIREMENTS CHART FOR ALL REQUIREMENTS WILL BE POSTED ON THE REFRIGERATOR AND CHECK EVERY MONTH
16(b)(5)	PROVIDED TRAINING ALL MEMBERS OF HOUSEHOLD	5-15-20	ALWAYS TO BE PLACE IN DOOR WINDOW
43.(b)	PROVIDED ONE COPY OF EACH RESERVICED RECIPIENT.	5-15-20	ALWAYS TO BE PLACE IN DOOR (CLIENTS)
46(a)	FIRE DRILL WAS DONE BY CG#1 - CG#2 FORM WAS BEEN PUT INTO HOME BINDER		FIRE DRILL WILL BE DONE BY EACH CARE GIVER AT LEAST ONCE A MONTH. HOME DEVELOPED A SCHEDULE AND HAS IT POSTED ON THE REFRIGERATOR

*Jacob T. DeSantis*

Print Name: JACUINDO T. DESANTIS Date of Signature: 5-15-2020

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: JACIS FOSTER HOME  
 CCFFH Address: 115 KUKILA PLACE HONOLULU, HI. 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50 (2)	EMERGENCY PLAN DOCUMENTATION WAS DONE. FORM HAS BEEN PUT INTO THE BINDER.	5-15-20	FORM WAS ALWAYS BE PUT IN THE BINDER BOOK.
41.F.1	2020 TB CLEARANCE WAS OBTAINED FOR ALL CG #1 CG #2 HMM #3 HMM #4 HMM #5	5-15-20	HOME WILL CREATE TYPE REQUIREMENTS CHART POSTED ON THE REFUGERATOR
41.b.5c	2020 TD CLEARANCE OBTAINED	5-15-20	HOME GREAT REQUIREMENT CHART WILL BE POSTED ON THE REFUGERATOR
43.b	ALREADY HAD A MEDICATED CLIENT 3-10-2020		

Primary Caregiver's Signature: Jacinto T. Santos

Print Name: JACINTO T. SANTOS Date of Signature: 5-15-20

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: JACIS FOSTER HOME  
 CCFFH Address: 1115 KUKUIA PLACE HONOLULU, HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.C.5	MEDICATION ALWAYS DOCUMENTED EVERY	5-15-20	BEFORE SLEEPING HAVE ALWAYS DONE DOCUMENTATION
54.C.6	PROVIDED FLOW SHEET FOR NIGHT #1 FORM HAS BEEN PUT IN THE BINDER	5-15-20	FORM WILL ALWAYS KEEP ON PATIENT ROOM

Primary Caregiver's Signature: Jawahar T. Dewas

Print Name: JAWAHAR T. DEWAS SANDS Date of Signature: 5-15-20